HYGIENIC LABORATORY
WASHINGTON, D. C. JAN 12 1925

HUMAN LIFE IS THE STATE'S GREATEST ASSET



HEALTH NOTES

OFFICIAL BULLETIN

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Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, tyhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

RAYMOND C. TURCK, M. D., STATE HEALTH OFFICER
Jacksonville

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COLDS

The common cold is probably the most prevalent illness in the United States today, rich and poor, old and young, suffering alike. It would be impossible to estimate the enormous number of persons who are annually subjected to the suffering, inconvenience and economic loss resulting from the common cold.

The ordinary cold is usually an acute infection of the mucus membrane lining the nose, throat and large bronchial tubes. The process may become more extensive causing a generalized toxemia known as "grip" or influenza. When the infection spreads to the bronchioles in the lungs, the result is pneumonia. Pneumonia in a great many cases, begins with a common cold and kills more people in the United States than any other disease except tuberculosis and cardiac diseases.

There are two distinct types of colds, one caused by a germ, this type being very infectious. The other type is caused by exposure or sudden atmospheric change and is not, apparently, contagious.

Common colds in many cases are epidemic and sweep through entire households, districts, cities and States; all classes are affected and frequently death results in the aged and weak. Schools, factories, offices and stores are crippled and there is great economic loss produced.

Lederle says: "Colds are due to bacterial infection. Briefly the infection occurs in one of two ways, resulting in either a spontaneous cold or in a contagious cold.

(1) Certain predisposing factors—such as undue exposure of the body to sudden changes in temperature—produce vasomotor disturbances which result in hypersecretion and lowered resistance of the mucus membranes.

(2) Freedom from colds lasts so long as the resistive powers of the tissues are greater than the virulence of the bacteria. Whenever bacteria of exceptional virulence gain entrance to the respiratory passages of a healthy person and overcome his natural resistance, they cause a contagious cold. Contagious colds are spread by droplet infection during sneezing or coughing; also by the use of unsterilized eating utensils in restaurants, and in industrial and school lunch rooms".

There are many home remedies of a simple nature which are used in cases of common colds, the most popular being that of taking hot drinks and retiring to bed to "sweat it out". While this treatment is very good, the good to be accomplished is lost because too often the patient closes up the room, making it hot and stuffy. Hot, stuffy rooms should be avoided since cold, fresh air in the bedroom acts as a tonic, particularly for one suffering with a cold. A good

ADMINISTRATION—(Continued)

enema or brisk purgative will also help to clear the system of impurities and shorten the cold. Colds should not be neglected and if there is a tendency to "hang on" a physician should be consulted.

For those who suffer with recurrent colds, the vaccine treatment probably is most desirable, particularly, for those who have a succession of colds lasting throughout the winter and spring months. The vaccine can be administered by a physician who can secure the material from his druggist or drug store.

*CARBON MONOXIDE POISONING IN SMALL GARAGES

The newspapers recently carried a news item of the death from carbon monoxide poisoning, of a prominent Baltimore man, who was found dead in his garage with the engine of his automobile still running. With the onset of cold weather such accidents will probably increase in frequency and automobile owners are warned of the danger involved in running a gasoline engine in a small closed space for any considerable period of time.

In tests of the exhausts of a small thirty-three horsepower automobile engine it has been found that it discharges approximately twenty-five cubic feet of gas per minute, samples of which gave an average of six per cent carbon monoxide, or one and five tenths cubic feet of deadly carbon monoxide gas per minute. Of course larger engines will give off more. Now a ratio of fifteen parts carbon monoxide to ten thousand parts of air is considered a dangerous concentration to be exposed to for a considerable time; and the small twenty-three horsepower engine in "warming up" and giving off only one cubic foot of carbon monoxide per minute would contaminate the air of a small closed garage, ten by ten by twenty feet, to the danger point in about three minutes.

Carbon monoxide is a colorless, tasteless and almost odorless gas. Its poisonous action depends on the fact that it has a much greater affinity for the hemoglobin of the blood than has oxygen—hemoglobin attracting carbon monoxide about three hundred times as strongly as it does oxygen. By combining with carbon monoxide, the hemoglobin of the red blood corpuscles is prevented from giving up its oxygen to the tissues. Death results from paralysis of the respiratory apparatus.

The attack of carbon monoxide poisoning comes on insidiously, and consciousness is gradually lost. Even though the victim may become aware of the danger he is often unable to escape from it because of the great loss of motor power.

The automobile worker in the small garage is most frequently the victim. It therefore behooves every person who runs his engine in a small garage to see to it that the room is properly ventilated by having the windows and doors opened if he expects to run his engine for even a few minutes.

—U. S. P. H. S.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

MINOR PARASITIC SKIN DISEASES

ITCH: the old fashioned "seven years" itch, sometimes called scabies, is caused by a very small parasitic animal, the itch-mite. The disease is contracted through the transfer of these mites from one person to another, usually from one bedfellow to another; hence the practice of children going to "spend the night" with playmates should be discouraged, especially if the playmate has evidence of a skin disease. The eruption usually begins between the fingers and on the front of the wrist.

IMPETIGO is a skin disease not infrequently seen among young children in this state, though it is prevalent in other states. It is caused by a minute germ and may be transplanted with the secretion from the sores to new places on the body and to other children by scratching, etc.

Skin diseases among children should not be neglected. They are extremely annoying and may seriously harm the general health. It is best to have the family physician examine a child with a suspicious eruption and prescribe appropriate treatment which should be applied with care and thoroughness in cases of itch and impetigo.

HEAD LICE: their presence may be recognized by finding the living parasites crawling about in the scalp, or the eggs or "nits" which, as small white objects, may be found glued firmly to the hairs. They can be destroyed by saturating the scalp well at night with a mixture of kerosene and sweet oil, equal parts. The scalp should be washed thoroughly next morning with sal soda, a teaspoonful to a quart of water, then with soap and water.

BODY LICE should be suspected when there is any irritation of the skin, particularly at the back of the neck, on the shoulders and the outer surfaces of the thighs. The parasites should be sought with great care in the seams of the undergarments. They are readily destroyed by immersing the clothing in boiling water. Garments that may not be so treated should be wrapped in paper and placed in the oven at a temperature of 160 to 170 degrees Fahrenheit.

Lice are apt to crawl from one person to another whenever there is close contact as in a crowded conveyance or public assembly of any sort.

When one member of a family is being freed of any of the above mentioned parasitic skin diseases, all other members with any suspicious signs of the disease should undergo the treatment; otherwise it is likely to spread to members who have been temporarily cured.

VENEREAL DISEASE CLINICS

Ten clinics for the free treatment of indigent venereal disease patients are conducted by as many local physicians in cooperation with the State Board of Health. These local physicians receive a very small salary and are furnished some of the drugs they use in treating the free patients.

BUREAU OF COMMUNICABLE DISEASES—(Continued)

LOCATION OF CLINICS AND CLINICIANS:

Alton	Private office	Dr. J. M. Anderson
Arcadia	DeSoto Bank Bldg.	Dr. J. H. Coffee
Ft. Myers	Private office	Dr. J. C. Nowling
Ft. Pierce	Private office	Dr. H. D. Clark
Jacksonville	County Hospital	Dr. R. H. McGinnis
Perry	Holder Building	Dr. H. F. Watt
Ocala	Private office	Dr. R. J. Green
Millville	Dr. Pennington's office	Dr. J. M. Nixon
Tampa	Jackson Mem. Hospital	Dr. W. T. Lanier
Miami	State Board of Health	Dr. J. A. Barnes

The plan is to treat in these clinics only persons who cannot afford to go to a physician of their own choice.

During the three months ending September, 1924, there were treated in these clinics 961 patients, and 2008 visits were made to the clinics for treatment, examination or advice.

Many new theories, inventions and alleged discoveries are exploited before the public every day and not a few of these relate to the healing art. A great many people are eager for some new, pleasant and seemingly inexpensive remedy for their ills, real or imaginary and, though not easily duped in business deals, they are readily imposed upon by ignorant, unscrupulous persons, who seek to profit by the sale of so-called cures, never hesitating to take advantage of the well known gullibility of their victims.

It is amazing that so many people who are too smart to send their wrist watch to a garage for repair or undertake the job for themselves, will rely on their own judgment and that of an unlearned stranger in matters that relate to the delicate mechanism of their own bodies.

A person, who has graduated from a medical college, been licensed by the State's Official Examining Board to practice medicine, and who has located in a city or town to serve the people, merits their confidence more than any self styled uneducated "healer" with only his own extravagant claims to recommend him.

MARY'S CUP

Mary had a drinking cup
It was shiny, bright and new;
She passed it round to Johnnie,
And Willie used it too.
They got a drink, but sad to tell,
They got poor Mary's cold as well.

The aVlley Echo,
Fort QuApelle Sanatorium.

BUREAU OF COMMUNICABLE DISEASES—(Continued)

CONGRATULATIONS, LOS ANGELES.

The announcement that the plague situation has cleared and quarantine of the Mexican quarter in Los Angeles has been lifted is welcome news to everyone familiar with the seriousness of the pneumonic plague. There is perhaps no epidemic disease so difficult to control or so dangerous to Health Officers, physicians and nurses.

The personnel of the California State Board of Health, the Los Angeles Health Department and the United States Public Health Service merit our praise and gratitude for their diligence and heroism.

NOTES FROM THE DISTRICTS

DISTRICT NO. 4 (Headquarters) Gainesville.
W. S. Nichols, M. D., District Health Officer.

Every county in this district has been visited and some work put over in the majority of them since September 15th. Every school child in Madison county has been examined and school examinations in Hamilton county will be completed by Christmas.

Over a thousand people in the district have been Schick tested and four or five hundred people immunized against diphtheria with toxin antitoxin. The people do not take advantage of the protection against diphtheria as they should. Parents seem not to realize the danger their children are in when they have not been vaccinated against diphtheria, but with the help of the local physicians, we are trying to impress upon them the value of immunization. The local physicians in this district are helping the State Board of Health in every possible way.

DISTRICT NO. 5 (Headquarters) Tallahassee
W. A. Claxton, M. D., Dist. Health Officer

During the month of November visits were made to fifty communities in the course of investigating communicable disease, examining school children and arranging for future activities in the field.

Fifty-six interviews were held with interested individuals to discuss public health matters.

In St. John's County routine examinations were made on seven hundred and eighty-seven school children. Of these it was found necessary to exclude seventeen who showed the presence of some communicable disease which might be transmitted to another pupil.

Five public talks were made on Health subjects.

It is gratifying to note the interest that nearly all the principals and teachers take in school examinations and also the willingness shown by the ladies of the various communities to give their time and energy to assist in health work. This will result in lasting good as their interest will last long after the examinations have been completed. Besides this these ladies know a great many of the children personally and can give advice to the mothers about the defects found by the examiner, since they have seen the actual work done.

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING NOVEMBER 1924

	Jackson-ville	Tampa	Pensa-cola	Miami	Talla-hassee	Total
Animal Parasites	2444	911	52	350	22	3779
Diphtheria	1060	210	36	179	139	1624
Typhoid	98	125	22	11	21	277
Malaria	213	148	17	11	34	423
Rabies	11	7	.....	2	.....	20
Tuberculosis	161	95	13	26	12	307
Gonorrhoea	257	112	26	37	7	439
Syphilis	1593	361	.....	.....	.....	1954
Water: Bact. Exam.	.....	22	.....	6	.....	28
Water: Chem. Exam.	.....	.....	.....	.....	.....	.....
Milk: Bact. Exam.	14	.....	1	170	7	192
Milk: Chem. Exam.	15	.....	1	382	7	405
Miscellaneous	31	15	45	13	.....	104
	5897	2006	213	1187	249	9552

Specimen Containers Distributed During November, 1924.....13,997

BIOLOGICAL PRODUCTS SENT OUT DURING NOVEMBER 1924

Diphtheria Antitoxin	10,000 Units	210
	5,000 Units	77
Schicks		3400 & Controls
Toxin Antitoxin	20,000 Units	4744 c.c.
Tetanus Antitoxin	20,000 Units	12
	10,000 Units	12
	1,500 Units	231
Antimeningococcus Serum		10 Cylinders
Typho Bacterin		220 Packages
Vaccine Virus		1950 Points
Antirabic Virus		32 Treatments

Physicians desiring the straight typhoid vaccine instead of the triple can get it by asking for it as both are now carried in stock.

BUREAU OF SANITARY ENGINEERING

George W. Simons, Jr., S. B., Chief Engineer

RURAL SANITATION

The Sanitary Inspectors of the Bureau of Engineering have been conducting, successfully, this past summer and fall their ceaseless, tireless, effective campaign for better, improved sewage disposal facilities in rural, scattered areas unblessed by modern sewerage. During the past summer and fall several thousands of excellent, substantial sanitary privies have been installed with much credit to those earnest workers who have initiated and supervised the work.

In the West Florida District Captain Hobbs of Tallahassee has secured the cooperation of many communities, resulting in splendid work at Quincy, River Junction, Chattahoochee, Bristol, Blountstown, and Harbison City. In the Central District Mr. Holloway has almost achieved what was formerly considered impossible, the installation of sanitary toilets at Dunnellon, Oak, Bushnell, Webster and other points in Marion, Sumter and Levy Counties. Holloway is still going strong and states emphatically that he will have a 100% district before long. The Southwest District has been so well completed earlier that little remained to do, however, Mr. Osburn has recently completed a 100% installation at Auburndale, Lacoochee and Fort Meade. Probably one of the most comprehensive and most intensive pieces of work has been that initiated in Nassau County by Capt. Safay of Jacksonville.

Four months ago (August) the city of Fernandina boasted of approximately 400 wide open, insanitary privies. As Mr. Garvin the City Manager placed the 400 black headed tacks on his city map, each tack designating a menace, he remarked that he would like to replace those black spots with bright colored tacks to denote—not menaces—but happiness, joy and better health. After several conferences relative to procedure Captain Safay started to work in cooperation with Carl Klutz the City Inspector and City Manager Garvin. Today, on December 15 the city of Fernandina boasts not of 400 insanitary pest holes, but instead—400 modern, well constructed 100% sanitary privies. Today one cannot find an insanitary privy within the corporate limits of Fernandina—a record to be proud of. What Fernandina has done every other city can do. All it requires is a little nerve and backbone on the part of officials, an utter absence of political interference, a little determination and a lot of desire and willingness to dig in and sticktoitiveness. The latter is very essential. Fernandina is most fortunate in having an E. C. Garvin for City Manager—a man of wide experience backed by army engineer corps training. Garvin starts to finish. And then, there is Carl Klutz—that persistent, hard working, interested sanitary inspector who like Yarborough of Lakeland and Wyman of St. Petersburg, steps on the gas and does a quick, effective job. Oh! for a few more such fellows in Florida.

THIRD ANNUAL MOSQUITO CONFERENCE

The Third Annual Mosquito Conference held in Cocoa on December 5-6 was the most successful and constructive yet held. About 75 interested delegates from Key West to Tallahassee gathered in the ball room of the New Indian River Hotel at Rockledge to participate in the program previously arranged. Much good work was accomplished.

The Conference had as its guest Dr. S. T. Darling of the International Health Board who gave a most delightful, illuminating address illustrated with slides. His talk related to the research work in which he is engaged at Leesburg, Georgia. Dr. Darling was accompanied by Dr. Carl F. Russell.

The Conference endorsed the proposed plan of legislation enabling communities to organize and finance "mosquito abatement districts."

In conclusion the most important piece of work was the election of Mrs. W. W. MacDonnell, of Jacksonville, as President of the Conference for the next year. Mrs. MacDonnell as Chairman of Public Health of the Florida Federation of Womans Clubs has done a monumental work in initiating mosquito control work in the Woman's clubs throughout the state, and largely because of this splendid work she was honored with the Presidency.

BUREAU OF ACCOUNTING

Screven Dozier, Auditor

RECEIPTS

Balance after paying September, 1924 accounts	$50,615.17
Return of loan to Sheppard-Towner account	5,000.00
October, 1924 Receipts	3,677.04
Total	$59,292.21

DISBURSEMENTS

October, 1924 Disbursements	$16,849.13
Balance	$42,443.08

DISBURSEMENTS FOR OCTOBER, 1924 ITEMIZED

Administration	$2,157.95
Engineering	3,261.99
Laboratories	3,100.19
Child Welfare	1,976.57
Orthopedic	274.34
Vital Statistics	2,574.38
Multigraph	121.50
Biologics	1,362.48
Communicable Disease	2,019.93
	$16,849.13

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

AMERICAN CITIZEN HELD IN SWITZERLAND—NO BIRTH CERTIFICATE

"Mr. Jos. Mayencourt, who owns a farm near Tampa is in Switzerland, and wishes to return to their farm with his child, but before issuing the necessary papers the consul of the United States asks for a copy of the child's birth certificate."

The above quotation is taken from a letter under date of November 8, 1924, from the chancellor for the consul of Switzerland. It is claimed that Mr. Mayencourt's child was born in Tampa, May 12, 1924, and no birth certificate was filed. The family is in Switzerland and will not be permitted to return to the United States until the proper proof is furnished that this child was born in the United States. A delay of a month or more before the records are properly signed and put on file. Just put yourself in the place of this unfortunate family.

What is a birth certificate worth?

Is your baby registered?

These questions have been asked by the State Board of Health for many years with the hope that the citizens would realize the importance of this record before the certificate is actually required.

In order that we do not overlook any way by which we can keep closer supervision over the midwives, we look to the local registrars in the hope that they recognize the importance of this branch of the work to the point where they will, as opportunity presents, impress on the midwives the necessity for them turning in their monthly reports to the Bureau of Child Welfare and Public Health Nursing. This report makes it possible for the field staff of the Bureau to keep a very much closer supervision over their work and make investigation of stillbirths reported by them.

Midwives are required to make the following report to the Bureau of Child Welfare and Public Health Nursing once each month.

Month.....

1. Number cases engaged for.....
2. Number cases engaged for, referred to physician.....
3. Number cases delivered. Normal.....
4. Number cases physician called.....
5. Number live births reported.....
6. Number still births reported.....
7. Did you put the DROPS OF SILVER NITRATE in the eyes of all babies born where you attended this month?.....
8. Did you have any cases of sore eyes in the new born this month? .....
9. How many.....What did you do?.....

Signed.....Midwife

Date.....

Address.....

BUREAU OF VITAL STATISTICS—(Continued)

Number of Deaths and Death Rates in the State of Florida for the Years 1922 and 1923, compared with Death Rates for the United States Registration Area, 1923.

Cause of Death	Florida Number of Deaths 1922	Florida Number of Deaths 1923	Death Rates Per 100,000 Pop. Florida 1922	Death Rates Per 100,000 Pop. Florida 1923	Death Rates Per 100,000 Pop. Registration Area 1923
Typhoid Fever	163	177	15.9	16.9	6.8
Malaria	247	293	24.1	28.0	2.8
Measles	1	74	0.1	7.4	10.8
Scarlet Fever	4	5	0.4	0.5	3.5
Whooping Cough	30	71	2.9	7.1	9.7
Diphtheria and Croup	95	86	9.3	8.6	12.1
Influenza	189	235	18.5	23.4	44.7
Dysentery	82	66	8.0	6.6	3.2
Tuberculosis (all forms)	1,019	1,079	99.5	99.5	93.6
Cancer	538	642	52.6	64.0	89.4
Pellagra	104	91	10.6	9.1	2.4
Diabetes	102	97	10.0	9.7	17.9
Cerebral Hemorrhage, Apoplexy	998	832	97.5	82.8	90.4
Chronic Heart Disease	1.322	1,530	132.0	153.0	175.3
Diseases of Arteries	165	122	16.5	12.2	22.8
Pneumonia	681	815	68.1	81.1	109.0
Diarrhoea and Enteritis (under 2 years)	326	390	31.8	38.8	32.4
Diarrhoea and Enteritis (2 years and over)	170	166	16.6	16.6	7.5
Chronic Nephritis	814	858	79.6	85.4	90.1
Total Puerperal State	235	287	23.5	28.7	9.7
Diseases of Early Infancy	630	657	63.0	65.4	778.0
Suicides	89	83	8.9	8.3	11.6
Homocides	241	313	23.5	31.2	8.1
Accidental Drowning	128	110	12.8	10.9	6.2
Railroad Accidents	58	81	5.8	8.5	7.3
Accidents by Firearms	76	73	7.6	7.3	2.7
Automobile Accidents	122	178	11.9	17.7	14.9

SURPRISE FOR TEACHER

When small Margaret entered the first grade she found herself in a class where the foreign element was in the majority.

Most of these children were dirty, and the teacher was, of course, glad to have one clean pupil. Wishing to impress this fact upon the class, she said one day to Margaret: "My, but I am glad to see you looking so nice and clean, Margaret!"

"Well," observed Margaret, seriously, "you'd be clean, too, if you had my mamma to wash you."—From Judge.

Open the window, let in light,
It will put disease to flight.
Scatters gloom; brings in cheer;
Come in, sun! You're welcome here!

Watch for cross word puzzle in February issue of the Health Notes.

BUREAU OF VITAL STATISTICS—(Continued)

LOCAL REGISTRARS: Have you made a faithful effort to secure birth and death certificates for all births and deaths occurring in your district during the calendar year 1924? Every indication leads us to believe that 1924 is to be a record year in vital statistics. Please see that no records are overlooked in your district. Mail your report as early as possible so that the final count may be available at an early date.

NEW REGISTRARS APPOINTED

No.	Name	
14237	Mrs. Clara Kelly	Bluff Springs, Fla.
21097	Mr. William H. Neel	Grand Ridge, Fla.
31-05	Mr. J. A. Hendrix	McIntosh, Fla.
41-09	Mrs. R. A. Weber	Federal Point, Fla.

TEMPERATURE FOR HEALTH BELOW 69°

Doctor Says Infections Are Less in Cold Room

Keep your rooms in winter at a temperature of 68 degrees or less; never more. So says Dr. Joseph Hertzstein, former secretary of the New York state commission on ventilation, in an article "Ventilating Home, School and Workshop," appearing in the December Hygeia, popular health magazine published by the American Medical Association. Dr. Hertzstein declares that:

The temperature of the air of a room is the most important factor in practical ventilation, be it in the home, the school or the workshop. This has been demonstrated in many ways. First, air at a high temperature, around 75 degrees, especially when it is moist, interferes with the normal loss of body heat. When air become excessively warm the body cannot lose heat to the surrounding air.

Discomfort soon arises as a consequence of this interference with the normal loss of heat. A burden is thrown on the heat-regulating mechanism. An increase in the body temperature, in the rapidity of the heart rate, in the rate of breathing, and a fall in the general tone of the circulatory system follow. In fact, the responses of the body to any interference with its normal heat losing function are strikingly similar to those induced under conditions of fever.

Reduces Physical Efficiency

In addition to the discomfort brought on by overheating, this condition also reduces physical efficency. Under cooler atmospheres, experimental subjects were able to perform a larger amount of physical work than was performed in warmer air conditions. This finding seems to work out in practical experience, for when it is hot, one is less inclined to undertake or to continue any physical exertion, especially when one tends to become quickly overheated.

BUREAU OF VITAL STATISTICS—(Continued)

In industrial establishments this should be a point of practical significance. Increased physical efficiency would be the result of cool but comfortable atmospheric conditions.

Overheating causes other harmful effects. It is a common experience to feel disagreeable sensations in the air passages of the nose after having been in an overheated apartment. Direct examination of the nasal passages of subjects who were exposed in an experimental chamber to overheated conditions showed that heat tends to close the nasal passages. It induces a swelling of the elastic membranes and structures in the nose. The membranes become much redder and also more moist with nasal secretion. When the air passages are then exposed to rapidly moving air, the nasal membranes are rendered suddenly anemic. They become pale but still remain swollen.

Less Heat Means Fewer Colds

The normal and health lining of the nose acts as a defensive barrier against such bacteria as may be responsible for a cold in the head. The exposure of the nasal membranes to the wide fluctuations of temperature causes a reaction that weakens the powers of defense of the membranes against the invasion of bacteria. Yet this is just the type of exposure which the membranes experience when one goes out doors from an overheated room on a cold, wintry day.

Since the ordinary cold is likely to usher in a train of undesirable and dangerous after-effects, it would seem worth while to avoid this unhygenic and unnatural exposure of the nasal membranes first to immoderate heat and then to extreme cold.

FRIEND OR FOE?

THE majority of the people consider me a friend; they come to me daily, though I conduct a great germ exchange.

MANY people come to me daily and exchange the germs of any disease they may have for those of someone else.

THE person leaves his germs with me and I give to him whatever else I may have on hand.

AMONG the germs that are left with me for free distribution are influenza, whooping cough, pyorrhea, venereal disease and tuberculosis.

I BELONG to the great unwashed.

I AM a law breaker.

I AM a public menace.

BUT young people, old people, prosperous people, poor people, ignorant and intelligent people, and flocks of school children all come to my exchange.

I am the **PUBLIC DRINKING CUP.**

Reprinted from the Shelbyville (Ky.) News.

BUREAU OF VITAL STATISTICS

Number of Births, Deaths and Non-Resident Deaths for October, 1924 as compared with October, 1923.

	COUNTIES	BIRTHS 1924	BIRTHS 1923	DEATHS 1924	DEATHS 1923	NON-RESIDENT 1924	NON-RESIDENT 1923
0.	State	1892	2285	1104	1258	43	44
1.	Alachua	52	44	22	45	.....	1
2.	Baker	11	19	4	4	.....	.....
3.	Bay	15	37	11	18	.....	.....
4.	Bradford	14	11	7	5	.....	.....
5.	Brevard	23	13	14	15	1	1
6.	Broward	18	21	10	8	.....	.....
7.	Calhoun	24	35	6	6	.....	.....
55.	Charlotte	1	7	4	3	.....	.....
8.	Citrus	6	8	7	5	.....	.....
9.	Clay	6	7	7	13	.....	.....
62.	Collier (1)	.....	.....	.....	.....	.....	.....
10.	Columbia	27	32	18	21	4	.....
11.	Dade	161	178	70	52	4	1
12.	DeSoto	13	13	11	11	1	.....
56.	Dixie	7	.....	2	.....	1	.....
13.	Duval	215	253	170	185	26	27
14.	Escambia	65	92	41	45	2	1
53.	Flagler	1	5	2	.....	.....	.....
15.	Franklin	14	4	5	8	.....	.....
16.	Gadsden (3)	34	67	55	50	25	24
57.	Glades	1	1	.....	.....	.....	.....
17.	Hamilton	3	17	3	10	.....	.....
58.	Hardee	6	32	8	5	.....	.....
63.	Hendry (1)	2	.....	.....	.....	.....	.....
18.	Hernando	6	2	7	1	.....	.....
59.	Highlands	13	11	1	3	.....	.....
19.	Hillsboro	241	252	102	105	11	14
20.	Holmes	25	35	2	5	.....	.....
21.	Jackson	56	78	20	27	.....	.....
22.	Jefferson	22	30	12	19	.....	.....
23.	Lafayette	12	25	.....	2	.....	.....
24.	Lake	30	38	14	19	.....	2
25.	Lee	7	25	16	6	.....	.....
26.	Leon	18	49	4	36	1	.....
27.	Levy	24	24	11	19	.....	.....
28.	Liberty	10	15	10	7	.....	.....
29.	Madison	19	34	7	34	.....	.....
30.	Manatee	35	28	12	20	.....	.....
31.	Marion	32	40	21	35	.....	.....
32.	Monroe	26	38	17	11	2	.....
33.	Nassau	13	20	8	10	.....	.....
34.	Okaloosa	21	28	10	10	.....	.....
54.	Okeechobee	.....	4	.....	1	.....	.....
35.	Orange	61	64	36	47	1	6
36.	Osceola	7	8	11	6	.....	.....
37.	Palm Beach	55	59	44	18	12	1
38.	Pasco	13	18	14	16	.....	.....

BUREAU OF VITAL STATISTICS—(Continued)

COUNTIES	BIRTHS 1924	BIRTHS 1923	DEATHS 1924	DEATHS 1923	NON-RESIDENT 1924	NON-RESIDENT 1923
39. Pinellas	60	41	50	47	9	7
40. Polk	103	104	48	51	.....	.....
41. Putnam	26	29	21	21	.....	.....
42. St. Johns	31	28	16	13	.....	2
43. St. Lucie	15	31	14	11	2	.....
44. Santa Rosa	24	28	10	5	.....	.....
60. Sarasota	10	16	4	5	.....	.....
45. Seminole	29	24	18	25	.....	1
46. Sumter	9	7	5	10	.....	.....
47. Suwannee	19	39	8	24	.....	.....
48. Taylor	20	13	3	12	.....	.....
61. Union	2	7	3	7	1	.....
49. Volusia	31	45	28	38	.....	.....
50. Wakulla	9	8	4	6	.....	.....
51. Walton	20	21	8	8	.....	.....
52. Washington	19	23	8	9	.....	.....

(3) State Hospital inmates included.

Number of Deaths from Certain Causes for the Month of October, 1924 as compared with October, 1923.

Diseases	1924 Total	1924 White	1924 Colored	1923 Total	1923 White	1923 Colored
Typhoid Fever	11	6	5	10	7	3
Malaria	24	15	9	69	42	27
Measles	.....	.....	.....	5	2	3
Scarlet Fever	.....	.....	.....	.....	.....	.....
Whooping Cough	3	2	1	5	3	2
Diphtheria and Croup	13	11	2	10	9	1
Influenza	2	1	1	4	4	.....
Dysentery	3	.....	3	6	2	4
Tetanus	7	3	4	6	1	5
Tuberculosis	65	26	39	100	46	54
Cancer	55	47	8	63	46	17
Pellagra	7	5	2	4	3	1
Diabetes	7	6	1	10	7	3
Cerebral Hemorrhage Apoplexy	74	44	30	71	38	33
Chronic Heart Disease	157	96	61	97	61	36
Disease of the Arteries	8	5	3	12	6	6
Pneumonia	40	25	15	52	29	23
Diarrhoea and Enteritis (under 2 years)	25	14	11	28	17	11
Diarrhoea and Enteritis (2 years and over)	19	13	6	19	12	7
Chronic Nephritis	68	42	26	75	39	36
Total Puerperal State	26	11	15	33	15	18
Disease of Early Infancy	61	37	24	68	51	17
Senility	25	14	11	58	30	28
Suicides	9	9	.....	3	3	.....
Homicides	19	4	15	28	7	21
Accidental Drowning	11	5	6	7	6	1
Railroad Accidents	2	.....	2	2	2	.....
Accidents by Firearms	8	3	5	2	.....	2
Automobile Accidents	10	8	2	17	9	8

A·STRIKE·IN·BABYLAND



THE BABIES HAVE NOTHING TO ARBITRATE
THEY WANT THEIR RIGHTS.

LIBRARIAN HYGIENIC,
LABORATORY,
25TH. & EAST STREET,
WASHINGTON, D.C.

WASHINGTON, D. C.

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA

HEALTH NOTES

OFFICIAL BULLETIN

PUBLISHED MONTHLY BY THE

STATE BOARD OF HEALTH

Entered as Second Class Matter, October 27, 1921 at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

VOL. 17 FEBRUARY, 1925 NO. 2

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, tyhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

RAYMOND C. TURCK, M. D., STATE HEALTH OFFICER
Jacksonville

THE BOARD

CALVIN T. YOUNG, M. D. . . . . President, Plant City
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Raymond C. Turck, M. D., State Health Officer

FOOD FOR THE WORKER.

There are no set rules outlining proper food for the worker but of importance is the necessity for eating something and not to rush away to work in the morning without eating anything. Hundreds of people, particularly women and girls, do this daily especially in the morning and follow this at noon with a hastily prepared cold lunch. A "brought" lunch has many reasons for being unsatisfactory. In some places and under certain conditions, these lunches are satisfactory, to a certain extent, when they may be eaten out of doors without being contaminated by flies and dust. As a general rule however, the hasty lunch must be eaten indoors, either in a room set aside for recreation or in the work room. Neither place is satisfactory, the former interfering with those who come in for pleasure and the latter preventing the necessary airing out of the workroom during the lunch period as well as interfering with the sweeping out of dust and dirt which has accumulated during the morning hours. It exposes the food to dust that settles when the air is quiet and also attracts flies which stay after the lunch is cleared away.

It is indeed fortunate that employers are gradually becoming educated to the value of proper food and that industrial plants, both large and small, are installing cafeterias and lunch rooms where only the best and most nourishing of foods are served. Eating places of this type vary from plain, white, oil-cloth covered tables, calsomined walls and sand papered floors to elaborately appointed rooms with cut flowers, draperies and pictures but the purpose remains the same, clean, attractive surroundings, change of environment, clean, nourishing food—hot foods hot and cold foods cold, no lukewarms.

Eating in a modern factory cafeteria is a wholesome way of getting lunch but the good intentions may be lost by unwise choice of food hence much depends on the selection of a director or manager for the cafeteria. An eating place of this kind is usually well ventilated, is free from dust and is usually screened against flies. The food as a rule is well cooked and clean and there is opportunity for complete mental relaxation.

The industrial restaurant should carefully consider the work of the employees and care should be taken to see that the menus are well balanced. Meat is not recommended for lunch unless lunch is dinner. Meat should be eaten only once a day. Fruits, vegetables, especially the greens, and salads are excellent. Pastry is good in its place but should not take the place of more necessary substantial food.

For efficiency, the diet of the worker should be a mixture of proteins, fats and carbohydrates and should include food containing vitamines such as milk, fruit and fresh vegetables. Expert dietetic advice should be utilized whenever possible to insure nourishing food, desirable variety in menu and a wholesomely balanced meal.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

Thirteen cases of typhoid were recently reported within a few weeks from a city of four thousand population. Upon investigation it was found that there was no common source of milk or water supply but ten of the patients admitted having eaten raw oysters from waters known to be contaminated with sewage during the incubation period—that is—within two weeks of the time they were taken ill. From the other three patients no history was obtainable. A year ago a similar outbreak occurred in the same city and another investigator found that the infection was undoubtedly caused by eating raw oysters from polluted waters. A most valuable and palatable food is the oyster, but oysters should not be eaten raw, unless they are known to have been taken from uncontaminated waters.

Oyster fishers and dealers should realize their responsibility for sickness and death caused from eating polluted oysters. In the interest of their business and the oyster industry of the state, they should see that polluted oysters are not offered for sale. Pollution of oyster beds with sewage should be prevented so far as possible and this is a matter to be given special consideration when new sewage systems are being planned and installed.

Typhoid infection may be transmitted on the feet of flies from the excrement of typhoid patients, or carriers, to food, milk or drinking water. It may be transmitted direct to food by carriers who are careless about washing after going to the toilet. It may be washed by rains into wells, springs or streams from out-houses or polluted ground. These facts are enough to indicate the great need of preventing flies from breeding and from having access to human excrement; of forming habits of personal cleanliness, particularly by food handlers and persons who have recently had typhoid, and of constructing privies or sewage systems after safe and approved plans.

Immunization by three injections of vaccine is a valuable means of preventing typhoid. It is recommended to every one and should be repeated every three or four years. This measure has prevented much sickness and many deaths. It is safe, though sometimes unpleasant. Neither sanitation nor immunization should be depended on alone, but both safeguards should be adopted.

ERRATA

Page 5 in the January issue should read as follows:
Ocala, Holder Building.....Dr. H. F. Watt
Perry, Private Office.....Dr. R. J. Green
Miami, Jackson Mem. Hospital.....Dr. W. T. Lanier
Tampa, State Board of Health.....Dr. J. A. Barnes

BUREAU OF CHILD WELFARE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

THE TEACHER'S PART IN THE HEALTH OF THE SCHOOL CHILD

It is needless, I am sure, to repeat what has so often been said, that every child should have a fair start in life, physically fit and mentally alert, in order that he gain the maximum of knowledge from his educational advantages. What is more to the point is to find a working basis from which we may achieve physical fitness for the school child. If we can do this, we will be building not only for the school child, but for our future citizenship.

First: the teacher should have a fair working knowledge of her subject. She should know the fundamentals of the health game, in order that she may recognize conditions and gross symptoms and by instruction and demonstration assist the children in the formation of health habits, which, after all, are the foundation.

Every child should have a physical examination before entering school—lacking this—the examination should be made as soon as possible after admission and because parents for various reasons do not recognize this responsibility, a reminder from the teacher will most often be acceptable. She is a teacher, therefore an authority and therefore listened to. She should know her community and be prepared to intelligently advise parents, not as to treatment, but where it can be procured, etc. Particularly should the rural teacher pay attention to this, for here is a real task, if she would do her full duty toward here pupils.

By correspondence with the Bureau of Child Welfare and Public Health Nursing, State Board of Health, physical examinations for a school can be arranged. All the pupils of one and two teacher schools are examined, and up to and including the fourth grade in towns to 5,000 population. Every school should have scales for the monthly weighing and, by rousing the children's interest, many times the money for the purchase can be raised by a school concert or some other popular method.

There are many ways in which the teacher, particularly in the rural schools, can assist without taking too much time from her regular work. A routine inspection as the children file into school in the morning—for posture, neatness, cleanliness of hands and face, condition of finger nails and cleanliness of teeth, followed by immediate correction where indicated, will make its mark, if continued morning after morning until the habits of neatness, clean finger nails and clean teeth, etc., will have been formed.

The school lunch should be supervised also. In the rural schools particularly, the teacher should when possible, eat her lunch with the pupils and in this way can assist the children in proper habits of eating as well as making suggestions for lunches. During the playtime, the physical education can be stressed in games for the proper building and exercise of muscles. The value of fresh air can be stressed and

Bureau of Child Welfare and Public Health Nursing—(Cont.)

the proper use of water inside and out.

In all this stimulation of health habits, the teacher has a two fold responsibility: first, since health is essentially a matter of what you do, rather than what you know, the teacher should be a living example of good health. Her vitality and appearance should give testimony of proper food, exercise and sufficient sleep.

Since very little time is allotted to health education, the wise teacher will bring in health whenever possible in connection with other subjects. Discussions can be made interesting and each child should take an active part; for instance—the monthly weighing would suggest how the body grows, how bones develop, kinds of food required and vitamines. **Toothache** would suggest structure of the teeth, causes of dental decay, prevention of toothache. **Colds**—the nose and throat, chilling the body surface, the mucous membrane. These discussions can lead to a fund of knowledge, valuable and interesting alike to teacher and pupils.

In this short article it is impossible to go into the necessary detail for the complete information of the teacher; hence, the need for all or some of the following books for reference:

Health Education in Rural Schools—Andress J. Mace.
How to Live—Fisher and Fisk.
Food, Health and Growth—Emmett Holt.
Hygiene of the School Child—Lewis M. Terman.
The Teacher's Health—Lewis M. Terman.

By writing to the Superintendent of Documents, Government Printing Office, Washington, D. C., the following bulletins can be obtained:

Diet of School Children, No. 2—10c.
Further Steps in Teaching Health, No. 6—5c.
The Lunch Horn at School, No. 7—5c.
Teaching Health, No. 4—5c. Sleep, No. 12—5c.

No teacher can maintain single handed a program in health supervision and instruction. To achieve anything satisfactory, she must have the cooperation of parents, local physicians and the sympathetic understanding and support of the community. The school nurse, where one is employed, carries the responsibility of the education of the adults in the proper care of the children in their homes. She also does routine work in the schools, and we should have more employed in Florida.

The teacher should work, where possible, with all local organizations and individuals who are interested. She should have frequent conferences with members of school boards, etc., regarding conditions of school buildings, grounds, etc., that make for health, and should keep them informed of developments. And now, at last, the teacher must always remember that the process of teaching health is a very slow one and she must not be discouraged, if immediate results are not obtained. She should comfort herself with these lines written by Robert Louis Stevenson:

"To travel hopefully is better than to arrive,
And the true success is to labor."

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING DECEMBER, 1924

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1828	1218	94	80	20	3240
Diphtheria	1194	455	91	90	47	1877
Typhoid	128	140	21	30	13	332
Malaria	208	143	16	28	28	423
Rabies	15	10	.....	.....	.....	25
Tuberculosis	177	94	12	27	11	321
Gonorrhoea	262	133	135	42	5	577
Syphilis	1682	424	.....	.....	.....	2106
Water: Bact. Exam.	.....	29	.....	30	1	60
Water: Chem. Exam.	.....	.....	.....	.....	1	1
Milk: Bact. Exam.	38	3	8	191	6	246
Milk: Chem. Exam.	38	3	8	365	6	420
Miscellaneous	28	6	20	7	1	62
	5598	2658	405	890	139	9690

Specimen Containers Distributed During December, 1924 9448

BIOLOGICAL PRODUCTS SENT OUT DURING DECEMBER, 1924

Diphtheria Antitoxin	10,000 units	214
	5,000 units	96
Toxin Antitoxin		1431 C.C.
Schicks		1200 & Controls
Tetanus Antitoxin	20,000 units	6
	10,000 units	24
	1.500 units	352
Antimeningococcus Serum		28 Cylinders
Typho Bacterin		637 Packages
Vaccine Virus		950 Points
Antirabic Virus		28 Treatments

Physicians desiring the straight typhoid vaccine instead of the triple can get it by asking for it as both are now carried in stock.

BUREAU OF ACCOUNTING

Screven Dozier, Auditor

RECEIPTS

Balance after paying October, 1924 accounts	$42,443.08
November, 1924 receipts	5,653.32
Total	$48,096.40

DISBURSEMENTS

November, 1924 disbursements	$30,276.96
Balance	$17,819.44

DISBURSEMENTS FOR NOVEMBER, 1924 ITEMIZED

Administration	$3,163.65
Engineering	2,955.24
Laboratories	2,698.43
Child Welfare	1,863.78
Orthopedic	1,438.36
Sheppard-Towner	11,531.72
Vital Statistics	2,282.49
Multigraph	137.72
Biologics	1,495.74
Communicable Disease	2.709.83
	$30,276.96

LOCAL REGISTRARS APPOINTED

Number	Name	Address
502	Mrs. Lottie Briggs	Cocoa, Fla.
11177	Mrs. J. E. Parish	Larkins, Fla.
2003	Mr. Francis C. Leavins	Ponce de Leon, Fla.
21187	Mr. E. B. Smith	Bascom, Fla.
27057	Mr. I. J. Robinson	Dunnellon, Fla.
3102	Mr. T. K. North	Dunnellon, Fla.
3102	Mr. Clarence D. Post	Anthony, Fla.
3106	Mr. A. N. Rou	Reddick, Fla.
31117	Mrs. C. A. Hicks	Lynne, Fla.
3705	Mr. F. C. Aicher	Jupiter, Fla.
51127	Mrs. W. L. McDonald	Red Bay, Fla.

CROSS WORD PUZZLE

On the last page of this issue will be found a cross word puzzle. You will observe that the Tuberculosis cross and also four Red Cross designs have been used.

While trying to solve the cross word puzzle it is hoped that attention will be directed to "Man's most valuable asset. An important health habit, Diphtheria Preventive, etc.,"

When the people of this country realize the meaning of man's most valuable asset and act accordingly, much sorrow and suffering will be eliminated from human life.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

VITAL STATISTICS REVIEW

The first eleven months of registration indicate a record year for Florida. From January to November inclusive twenty-three thousand five hundred and one (23,501) living births were registered in Florida during 1924, as compared with a total of twenty-one thousand and eight (21,008) during the same period of 1923. The record month for 1924 as shown by preliminary figures is January, when two thousand four hundred and twenty-four (2,424) living babies were registered. During the first eleven months of 1923 the record month was October, when two thousand two hundred and eighty-five (2,285) babies were registered. The splendid cooperation of the local registrars and physicians is very much appreciated as we well realize this to be the outstanding factor in making such complete registration possible.

A slight increase is noted in the total number of deaths registered. During the first eleven months of 1924 a total of fourteen thousand and ninety-four (14,094) deaths were registered as compared with twelve thousand six hundred and eighty (12,680) for the same period of 1923. Several reasons may be given for this increase: Better registration, abnormal increase of population due to the immigration of thousands of persons who are visiting Florida spending the winter months as tourist residents and those who have invested and expect to make this their permanent home.

The cooperation of the undertakers and physicians who are assisting so ably in filing complete records of death is highly appreciated.

RELIABLE DATA—AUTOMOBILE ACCIDENTS

A letter has just been received from Hon. W. M. Steuart, director of the Bureau of the Census, requesting information as to where the fatal accident occurred when death is caused from automobile accident. The letter states that the most reliable data we have to measure existing conditions when referring to automobile accidents in different localities is based on death certificates. We are therefore urged to cooperate by noting on the original death certificate the registration district in which the fatality actually occurred as well as the actual place in which the death occurred. Deaths are registered in the district in which they actually occur, but this in many instances will not reveal the place in which the accident actually occurred. For instance, an automobile accident may occur five miles outside of a certain city, patient be rushed to a hospital where death occurs and the death certificate will be registered in the city and charged against the hospital. It is therefore very important to give the registration district in which the accident occurred in order to make a complete record of the automobile accident. Local registrars in Florida will please urge those who are responsible for filing death certificates to give this important information on the face of the death certificate when death occurs from automobile accidents.

BUREAU OF VITAL STATISTICS—(Continued)

COSTS NOTHING TO RELIEVE TIRED FEET

For the weary shop girl or the door man who must stand all day on aching or burning feet, Dr. L. D. Hubbard has the following recommendation: Soak the feet for a few minutes in hot water, then put them into cold, rub them briskly, dry them thoroughly and powder them.

"It sounds simple but it works," says Dr. Hubbard in the November Hygeia.

NATIONAL TUBERCULOSIS CONFERENCE

Atlanta, Georgia, May 7—10, 1924

Dr. Charles H. Keene, of Harrisburg, Pa., impressively brought out the correlation that can and should exist between the teaching of health and citizenship.

Pathological and Clinical sections had some very interesting and worth-while papers. The conclusions resulting from Von Pirquet Tuberculin Tests with 1,200 school children of a rural community in Minnesota by Dr. S. A. Slater of Worthington, were somewhat at variance with the commonly accepted idea of the amount of tuberculosis among children. This experiment was conducted in a rural district in which the tuberculosis death rate was thirty-five per hundred thousand population and therefore would be at the opposite extreme to most of the experiments conducted in the past which have been among city populations where a large amount of tuberculosis exists. His conclusions are as follows: (1) The number of children infected for the county as a whole is not nearly so high as generally considered. (2) The Von Pirquet test is reliable in that when one is infected he will react. (3) It is practically impossible for a child to remain in the home with an open case of tuberculosis and not become infected. (4) The percentage of those reacting to the Von Pirquet test in a rural community does not increase as one advances in age to the extent generally taught.

THE HEALING OF PULMONARY TUBERCULOSIS

The issue of the contending forces of destruction and repair in tuberculosis is largely what the patient and his advisors make it. In most cases healing at some time is purchasable. The tender of exchange is money, time, sacrifice, the willingness to accept advice, and the will to carry it into practice.—Dr. J. Burns Amberson, Jr., Loomis, N. Y.

BUREAU OF VITAL STATISTICS—(Continued)

Number of Births, Deaths and Non-Resident Deaths for November, 1924 as compared with November, 1923.

	COUNTIES	BIRTHS 1924	BIRTHS 1923	DEATHS 1924	DEATHS 1923	NON-RESIDENT 1924	NON-RESIDENT 1923
0.	State	1838	2052	1074	1343	39	90
1.	Alachua	34	52	22	52	2	8
2.	Baker	9	10	2	8	.....	1
3.	Bay	16	27	10	18	.....	.....
4.	Bradford	12	13	7	7	.....	.....
5.	Brevard	21	11	11	6	.....	1
6.	Broward	25	17	6	9	.....	2
7.	Calhoun	15	24	6	7	.....	1
55.	Charlotte	1	6	1	1	.....	.....
8.	Citrus	9	11	8	3	.....	.....
9.	Clay	3	11	4	9	.....	.....
62.	Collier (1)	2	.....	.....	.....	.....	.....
10.	Columbia	25	34	22	20	.....	2
11.	Dade	189	148	77	63	1	5
12.	DeSoto	15	13	10	8	1	1
56.	Dixie	7	1	4	2	.....	.....
13.	Duval	219	256	145	185	19	29
14.	Escambia	90	98	48	64	1	.....
53.	Flagler	1	5	2	.....	.....	.....
15.	Franklin	7	7	2	4	.....	.....
16.	Gadsden (3)	23	58	59	76	18	26
57.	Glades	1	2	.....	.....	.....	.....
17.	Hamilton	8	13	3	11	.....	.....
58.	Hardee	16	14	5	7	.....	.....
63.	Hendry (1)	4	.....	.....	.....	1	.....
18.	Hernando	2	3	6	3	.....	.....
59.	Highlands	11	10	1	5	.....	.....
19.	Hillsboro	233	210	92	110	20	16
20.	Holmes	12	20	4	6	.....	.....
21.	Jackson	54	36	23	24	.....	.....
22.	Jefferson	18	36	7	26	.....	.....
23.	Lafayette	8	2	3	1	.....	.....
24.	Lake	23	25	18	30	2	3
25.	Lee	7	19	7	12	.....	1
26.	Leon	27	30	11	30	.....	1
27.	Levy	15	20	15	10	.....	.....
28.	Liberty	5	8	3	2	.....	.....
29.	Madison	28	21	13	26	.....	.....
30.	Manatee	24	28	9	12	.....	1
31.	Marion	44	40	20	29	1	.....
32.	Monroe	33	45	14	17	.....	1
33.	Nassau	10	30	11	9	.....	.....
34.	Okaloosa	12	23	4	11	.....	1
54.	Okeechobee	.....	4	.....	1	.....	.....
35.	Orange	53	46	50	43	2	5
36.	Osceola	10	16	16	17	.....	.....
37.	Palm Beach	59	40	30	36	3	4
38.	Pasco	5	19	11	12	.....	.....

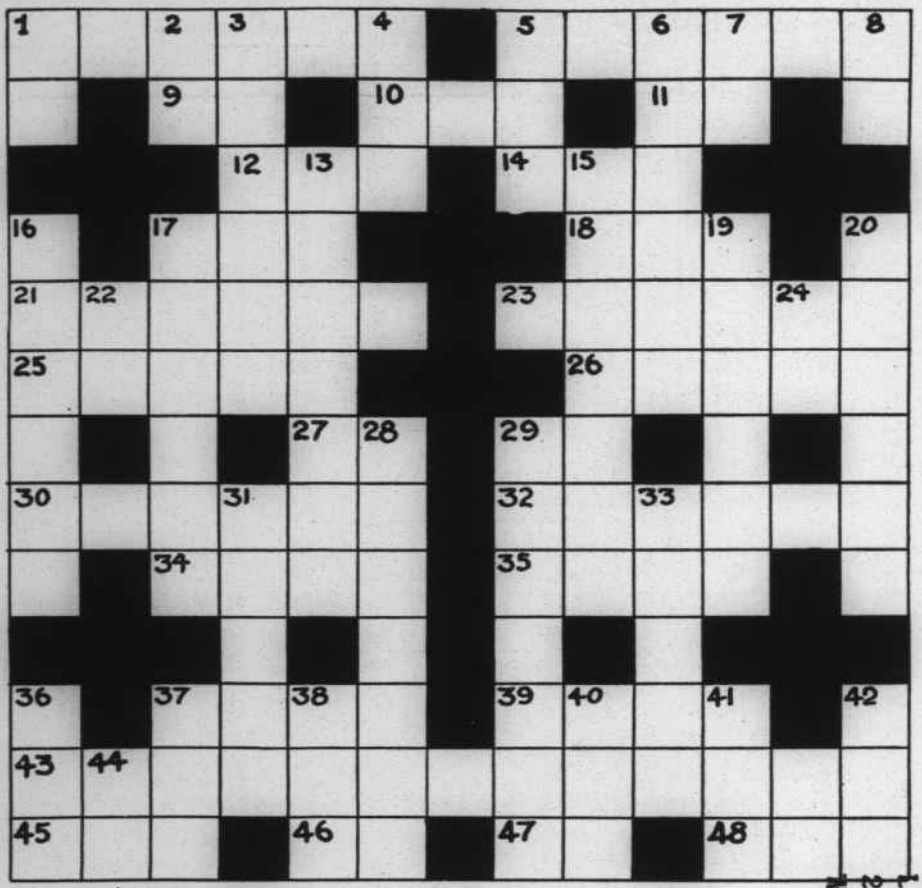
BUREAU OF VITAL STATISTICS—(Continued)

COUNTIES	BIRTHS 1924	BIRTHS 1923	DEATHS 1924	DEATHS 1923	NON-RESIDENT 1924	NON-RESIDENT 1923
39. Pinellas	70	46	55	70	10	24
40. Polk	81	117	46	50	3	1
41. Putnam	37	29	24	21	.....	.....
42. St. Johns	19	20	16	26	.....	.....
43. St. Lucie	22	19	13	11	1	1
44. Santa Rosa	27	21	17	14	.....	.....
60. Sarasota	10	9	2	9	.....	.....
45. Seminole	26	28	8	14	.....	.....
46. Sumter	4	13	4	8	.....	.....
47. Suwannee	15	36	9	15	.....	1
48. Taylor	13	14	9	10	.....	.....
61. Union	3	12	1	5	.....	.....
49. Volusia	30	57	37	40	1	1
50. Wakulla	5	8	4	3	.....	.....
51. Walton	15	23	3	10	.....	.....
52. Washington	16	38	4	5	.....	.....

(3) State Hospital inmates included.

Number of Deaths from Certain Causes for the Month of November, 1924 as compared with November, 1923

Diseases	1924 Total	1924 White	1924 Colored	1923 Total	1923 White	1923 Colored
Typhoid Fever	9	5	4	12	4	8
Malaria	15	9	6	30	18	12
Measles	.....	.....	.....	15	8	7
Scarlet Fever	.....	.....	.....	.....	.....	.....
Whooping Cough	2	.....	2	14	6	8
Diphtheria and Croup	15	13	2	13	12	1
Influenza	14	9	5	8	5	3
Dysentery	6	4	2	8	3	5
Tetanus	5	4	1	9	2	7
Tuberculosis	75	33	42	92	46	46
Cancer	49	35	14	48	38	10
Pellagra	7	2	5	8	1	7
Diabetes	7	5	2	8	8	.....
Cerebral Hemorrhage Apoplexy	76	55	21	89	51	38
Chronic Heart Disease	139	99	40	150	112	38
Disease of the Arteries	13	8	5	9	6	3
Pneumonia	61	38	23	92	46	46
Diarrhoea and Enteritis (under 2 years)	21	14	7	30	21	9
Diarrhoea and Enteritis (2 years and over)	9	6	3	12	8	4
Chronic Nephritis	72	45	27	74	49	25
Total Puerperal State	17	8	9	29	16	13
Disease of Early Infancy	68	42	26	73	45	28
Senility	36	21	15	55	25	30
Suicides	8	8	.....	4	4	.....
Homicides	20	6	14	13	3	10
Accidental Drowning	11	6	5	7	5	2
Railroad Accidents	5	2	3	4	2	2
Accidents by Firearms	9	6	3	9	2	7
Automobile Accidents	18	14	4	18	11	7



HORIZONTAL

1—Man's most valuable asset.
2—Tendency to perform certain actions.
9—Part to be.
10—A poem.
11—A conjunction.
12—A fruit.
14—To continue in operation.
17—Abbreviation for American Temperance society.
18—Abbreviation for the diphtheria preventative.
21—Used in medical treatment.
23—A gland in the head which often needs surgical attention.
25—A part of the throat somewhat affecting speech.
26—Joyous song.
27—A note in the diatonic scale.
29—A French conjunction expressing doubt.
30—Praise.
32—Center on a football team.
34—Tells.
35—Formerly.
37—A luscious fruit.
39—Flapper.
43—An important health habit in three words.
45—Consume.
46—Conjunction.
47—Adverb.
48—More than enough.

VERTICAL

1—An exclamation.
2—Abbreviation for a degree.
3—An edible vegetable.
4—Carrying heat.
5—A possessive pronoun.
6—A somewhat indigestible fruit.
7—Part of to be.
8—An adverb.
13—Normally.
15—Imaginary.
16—An extremely wholesome fruit. (Pl.).
17—Grown (Pl.).
19—The carrier of sleeping sickness.
20—Pertaining to a bone of the arm (Pl.).
22—Abbreviation for a wide street.
24—Abbreviation for a middle western state.
28—Insist upon.
29—Non-edible marine animal of use to man.
31—Pleasant spots in disagreeable surroundings.
33—Upset.
36—Nickname of a famous American.
37—Place.
38—An exclamation.
40—A famous Japanese.
41—Grant.
42—Pronoun.
44—Abbreviation for Royal Academician.

Courtesy—Detroit Health Department.

LIBRARIAN HYGIENIC LABORATORY, 25TH. & EAST STREET WASHINGTON, D. C.

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA

HEALTH NOTES

OFFICIAL BULLETIN

PUBLISHED MONTHLY BY THE

STATE BOARD OF HEALTH

Entered as Second Class Matter, October 27, 1921
at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

VOL. 17 MARCH, 1925 NO. 3

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, tyhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

RAYMOND C. TURCK, M. D., STATE HEALTH OFFICER
Jacksonville

THE BOARD

CALVIN T. YOUNG, M. D. . . . . President, Plant City
HON. CHAS. H. MANN . . . . . Jacksonville
F. CLIFTON MOOR, M. D. . . . . Tallahassee

ADMINISTRATION

Raymond C. Turck, M. D., State Health Officer

NATIONAL NEGRO HEALTH WEEK

The observance of National Negro Health Week has been set for the week of April 5-11. Every community is being urged to observe this week and to exert their efforts to make it the most successful since the beginning of the movement.

Whether or not the white people of the country enjoy better health than the negro population, it is quite evident that the death rate is considerably higher among the colored. Through the teaching of personal and community hygiene in the colored schools of the South, through the use of pamphlets and books on health subjects, through the encouragement of health organizations, through the employment of public health nurses, and, what is especially important, through the establishment of official health departments in both cities and towns, the conquest of disease in large measure may be achieved.

In order that all subjects vital to the health of the negro might be covered and that the observance of this week be carried out with effectiveness and uniformity throughout the country, the following programme has been suggested:

Sunday, April 5th—Sermon and Lecture Day.

Health sermons and lectures by ministers, doctors and other qualified persons. Urge the carrying out of the Health Week programme. Give references to health information and urge cooperation with organized agencies. Emphasize mother and infant welfare work to reduce high infant mortality.

Monday, April 6th—Hygiene Day.

Personal and community hygiene talks by doctors, visiting nurses, social workers and other qualified persons. Social hygiene education and venereal disease control measures should be considered in special meetings. Health films, slides, and exhibits should be used wherever possible under proper supervision.

Tuesday, April 7th—"Swat the Fly" Day.

Destroy the breeding places of flies; also of mosquitoes. Talks on the spread of disease by insects and rats, and methods of destroying them. All homes, markets, bakeries and food establishments should be screened against flies.

Wednesday, April 8th—Tuberculosis Day.

Talks by doctors, visiting nurses, social workers and other qualified persons. Explain that tuberculosis ("consumption") is not hereditary but is spread through carelessness; that treatment should begin early. Emphasize for prevention: 1. Good cheer. 2. Good food. 3. Fresh air. 4. Proper living.

Thursday, April 9th—Children's Health Day.

Health programs, health stories, parades, plays, etc. It is suggested that on or before this day, school buildings and premises be put in sanitary condition; and, if programs are rendered in school buildings, parents and patrons be invited to attend.

ADMINISTRATION—(Continued)

Friday, April 10th—Church Sanitation Day.

Clean churches thoroughly inside and out. Clear the yards of all rubbish, etc. Put toilets in a sanitary condition. It is suggested that health entertainments or meetings for informal talks on the week's program and the Saturday general clean-up follow the day's work.

Saturday, April 11th—General Clean-up Day.

Complete all cleaning of homes, buildings and premises. The community supervising committee should prepare, through its secretary or other person, a report of the Health Week programme and send copy or summary of report to newspapers and cooperating organizations.

In addition, the following all year-round program should be given to every individual and the importance of its observance stressed:

1. Ventilate every room you occupy.
2. Wear loose, porous clothing suited to season, weather and occupation.
3. If you are an indoor worker, be sure to get recreation outdoors.
4. Sleep in fresh air always; in the open if you can.
5. Hold a handkerchief before your mouth and nose when you cough or sneeze and insist that others do so.
6. Always wash your hands before eating.
7. Do not overeat. This applies especially to meats and eggs.
8. Eat freely of fruit and of leafy and coarse vegetables.
9. Eat slowly; chew thoroughly.
10. Drink six to eight glasses of water daily.
11. Evacuate thoroughly, regularly.
12. Stand, sit and walk erect.
13. Keep the teeth and gums clean.
14. Work, play, rest and sleep in moderation.
15. Keep serene. Worry is the foe of health. Cultivate the companionship of your fellow men.
16. Avoid self drugging. Beware of the patent medicine faker.
17. Have your doctor examine you carefully once a year. Also consult your dentist once or twice a year.

Diagnosis of hookworm disease is made by examining a small portion of the stool under the microscope and finding the ova (eggs) of the parasite. Diagnosing and reporting are of no value unless followed by treatment and treatment alone is not half as beneficial as treatment and prevention combined. The new treatment is effective and relatively easy to take. Prevention depends on having and using a sanitary privy.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

TYPHOID CASES AND CARRIERS

The most favorable place for the germ of typhoid fever is the human intestine. Outside this natural environment it dies very soon, perhaps living but a few days or weeks. It may be truthfully said that no person contracts typhoid unless he takes human excrement into his system with food or drink or by placing some unclean object into his mouth.

Every typhoid patient discharges millions of typhoid germs in the stools and urine and may continue to do so for weeks after recovery. If the germs persist for more than twelve weeks, it is customary to say that the person is a carrier and this carrier state may persist for years or throughout the life of the individual.

If the typhoid carrier or the attendant of a typhoid patient is careless, or negligent, in the disposal of the excrement, great harm may be done by the introduction of the germs into the food or drink of susceptible persons. This is one of the many reasons why all discharges from sick persons should be carefully disinfected and why all sewage should be disposed of in a sanitary manner.

A safe method of disinfecting is to receive the discharges into a 5 per cent solution of carbolic acid or other fluid of equivalent disinfecting value, mix thoroughly, cover and allow to stand for two hours after the last addition before emptying.

Plans for a sanitary privy or other sewage disposal system may be had from the State Board of Health at any time without cost.

No person having had typhoid should engage in any occupation which involves the handling of food until, by repeated examination, the discharges are shown to be free of typhoid germs. Every person before handling food for himself or any one else, should see that the hands are carefully cleansed with soap and water.

By consistent observance of sanitary precautions and periodical immunization of individuals with typhoid bacterin, the sickness and death rates for typhoid can be greatly reduced.

Very recently a suspected carrier from another state was engaged as a waitress in a Florida establishment. Through the courtesy of the health authorities in the other state a notice was sent to the Florida State Board of Health. The individual was located, examined, found to be a carrier in fact, and given employment where no harm would be done.

Your son or daughter will get perverted information about sex and reproduction, just as you did, if you do not satisfy their inevitable desire for correct knowledge. Tell them repeatedly about the serious effects which results from the disease of immorality and they will think carefully before they expose themselves to those diseases.

BUREAU OF CHILD WELFARE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

EXERCISE

People today, because of modern mechanical transportation and devices, have a tendency not to engage in physical labor, but we have old fashioned bodies that require exercise: therefore games that involve bodily action are necessary in order to keep well. The importance of exercise to keep well is not appreciated; in fact preventive measures of any sort are seldom appreciated at their true worth, for if successful, no trouble occurs; on the other hand let no preventive measures be taken and a crisis appears, their personal and public attention is immediately called to it.

The difference in work and play is not in activity, but is the in the mental attitude it produces. Both work and play involve activity but play causes pleasant emotions that have a physiological benefit. Any exercise that is fun is better physiologically than exercise that is work. Fun is something we like to do and can do as well or better than any one else. To secure fun and beneficial exercise at the same time, master some sport or game that involves the use of the principal muscles of the body. Practice makes perfect—proficiency makes enjoyment, and to acquire and maintain proficiency in a sport or game one must persevere.

The trunk muscles are the first to develop in an embryo. They are also the first muscles used in life, and in an adult they play an important part, as they support the viscera in the upright position that man has taken. The best exercise for the human body is that which involves the use of these trunk muscles. Walter Camp, while giving "setting up" drill in the early days of the war observed that if the men were not enthusiastic about the drill they got no benefit from it and that the ones who were enthusiastic finished with the muscles of their legs and arms over-tired. He therefore decided that the system was wrong and devised new exercises to use the trunk and abdominal muscles. The inspiration for these exercises he got by watching his dog stretch. Observing that he always stretched first his fore legs from the trunk and then his hind legs from the trunk. From this inspiration he made his "Daily Dozen".

To see how far from nature we have departed in the use of our muscles watch a four year old child pick up something from behind him and then watch a grown person. The child does not change the position of his feet and legs, but by twisting his body at his abdomen reaches down for it. The adult turns his body completely around and by mere bending at the waist line performs the same task.

The bad effects of the lack of exercise do not always show up at once but the day of reckoning will come. It is necessary to exercise daily in the proper spirit and the right way. The remedy for a weak muscle is use.

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING JANUARY 1925

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1643	608	209	72	28	2560
Diphtheria	437	287	25	153	12	914
Typhoid	116	161	31	21	17	346
Malaria	193	165	30	20	38	446
Rabies	12	14	.....	1	.....	27
Tuberculosis	187	89	11	34	16	337
Gonorrhoea	279	136	86	61	8	570
Syphilis	1841	571	.....	.....	.....	2412
Water: Bact. Exam.	.....	24	.....	29	1	54
Water: Chem. Exam.	.....	.....	.....	.....	1	1
Milk: Bact. Exam.	21	7	5	148	11	192
Milk: Chem. Exam.	34	7	5	302	11	359
Miscellaneous	29	9	46	23	6	113
	4792	2078	448	864	149	8331

Specimen Containers Distributed During January, 1925 12,716

BIOLOGICAL PRODUCTS SENT OUT DURING JANUARY 1925

Diphtheria Antitoxin	10,000 units	118
	5,000 units	26
Toxin Antitoxin		2379 Doses
Schicks		1700 & Controls
Tetanus Antitoxin	20,000 units	12
	10,000 units	50
	1.500 units	278
Typho Bacterin		543 Packages
Vaccine Virus		1560 Points
Antirabic Virus		51 Treatments
Carbon Tetrachloride		1801 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO THE LABORATORY

BUREAU OF ACCOUNTING

Screven Dozier, Auditor

RECEIPTS

Balance after paying November, 1924 accounts	$17,819.44
December, 1924, receipts	40,773.65
Total	$58,593.09

DISBURSEMENTS

December, 1924 disbursements	$17,672.01
Balance	$40,921.08

DISBURSEMENTS FOR DECEMBER, 1924 ITEMIZED

Administration	$2,586.88
Engineering	2,869.13
Laboratories	3,305.27
Child Welfare	2,144.67
Orthopedic	886.52
Vital Statistics	1,919.90
Multigraph	118.97
Biologics	1,547.08
Communicable Disease	2,295.59
	$17,672.01

HERE AND THERE

The women who exposes her children to measles so "they may have 'em and be over with 'em, is cousin to the man who rocked the boat and the fellow who pulled his gun across the fence after him. Only in this case someone else suffers. It is better to worry about things that may never happen than to worry about evils that might have been avoided by foresight. —Ohio H. N.

* * * * * *

The University of Michigan will conduct a summer school of Public Health from June 22nd to July 31st, inclusive. Courses will be offered on all subjects which meet the need of a public health worker as well as those who anticipate public health as a career. Bulletin containing full information may be procured by writing Dr. John Sundwall, Director, Division of Hygiene and Public Health, University of Michigan, Ann Harbor, Michigan.

* * * * * *

The Hygienic Laboratories of the United States Public Health Service are making a study of complications following vaccination. The number of such complications while relatively small appear to be worthy of investigation. They would appreciate learning of any such cases so that careful study of the case or cases may be made. Physicians knowing of such cases are requested to transmit case records to the Hygienic Laboratories.

HERE AND THERE

Periodic examinations appear to be becoming more popular every month. Physicians are noticing an ever increasing number of people requesting physical examinations. "A Health Examination on My Birthday" is a splendid motto.

* * * * *

Dentists can give valuable help in Cancer control By making themselves reliable sources of authentic information with respect to the prevention, recognition and cure of cancer.

By giving instruction in mouth hygiene. This helps greatly in the prevention of cancer.

By detecting early cases which would otherwise escape recognition until they had passed to an incurable stage.

By exerting an intelligent influence upon those who have cancer in its early stages, and inducing them to seek immediate, competent treatment.

By warning people against the operations of quacks and other incompetent persons who add to the plight of cancer patients.

DIPHTHERIA EPIDEMIC: ANTITOXIN 600 MILES AWAY.

Diphtheria is reported as epidemic at Nome, Alaska. The death rate from the disease, particularly among the native Eskimos, is said to be very high because no antitoxin is available. The nearest supply of antitoxin is over 600 miles away and can only be sent in by dog team. Even if sent by air plane from the most available point it is estimated that a week must elapse before its arrival in the stricken city*

Here we have a picture of conditions as they existed in every community up to thirty years ago. What a contrast to the situation today in New York State where diphtheria antitoxin is not only available free to anyone for whom it may be required, but where practically every child may be rendered immune if parents and the authorities will but do their part. Diphtheria in this State should be as rare as yellow fever has become in the South.

This also applies to the State of Florida.

*Since this article was written the newspapers have recorded the arrival of the antitoxin in Nome.

The best six doctors anywhere,
And no one can deny it,
Are sunshine, water, rest and air,
And exercise and diet.
These six will gladly attend
If only you are willing;
Your ills they'll mend
Our cares they'll tend,
And charge you not a shilling!

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

HEALTH PROMOTED BY TEACHERS

Advice to the individual on health habits is freely given by our family physician. It is very important however, that parents follow the advice that is properly given. It is important for parents to seek information concerning health and health habits and therefore someone must sell the idea of keeping well and of building up positive health. Private physicians may help to spread constructive information when opportunity affords which would contribute to the cause of health if his advice was followed.

The teacher is in a most favorable position to make her influence felt not only because of her training as a teacher but also on account of the group with which she deals. Children are not set in their ways and habits to the extent that adults are and good health habits may therefore be much more readily instituted among them. Such habits are obviously of greater benefit than habits started in adult life since they are established at the very time when the enemies of good health—poor nutrition habits, lack of personal hygiene, physical defects and communicable disease are most likely to gain a foothold. The prevention of these conditions through the establishment of adequate health habits and the ferreting out of beginning physical defects and beginning communicable conditions can be done very effectively by the teacher. She has firsthand knowledge of the condition of her pupils and is thereby enabled to talk intelligently and convincingly concerning the need for corrective measures.

The benefit which the teacher has been, and is, to the health of growing boys and girls through the establishment of health habits, calling attention to and urging the correction of physical defects, and the early detection of possible communicable conditions, is incalculable. It is in the early detection of possible communicable conditions that the value of the teacher has often been underestimated. The teacher should observe her pupils each morning for suspicious symptoms. If each teacher would spend a few moments each morning inspecting her pupils for suspicious symptoms, either excluding or referring to the nurse those found to have such symptoms, the practice would prove its worth. Every teacher is interested in both a healthy body and a sound mind.

LOCAL REGISTRARS APPOINTED

Number	Name	Address
103	Mrs. B. P. Pearce	Newberry, Fla.
105	Mrs. C. B. Hunter	Micanopy, Fla.
5902	Mr. A. M. Wolfe	Sebring, Fla.
19097	Mr. M. B. Nevel	Lutz, Fla.
22047	Mrs. B. M. Stringer	Rt. 2, Metcalf, Ga.
3003	Mr. E. H. Mason	Palmetto, Fla.
31147	Mrs. C. J. Rast	Orange Springs, Fla.

BUREAU OF VITAL STATISTICS—(Continued)

RELATION BETWEEN MEDICAL PROFESSION AND STATE BOARD OF HEALTH

A recent issue of Health News of the New York State Department of Health has the following extracts from an address by Dr. A. B. Chappell before the Orange County Medical Society, on the subject: "Our Relationship as Practitioners of Medicine to the State Department of Health." The spirit of co-operation and the realization that the interests of the medical profession, health department and the public, are mutual, are so well expressed that we believe the extracts from Dr. Chappell's address will be of general interest.

"The practice of medicine has changed. The thinking, intelligent physician has nothing to conceal. He sees the end of isolation, the beginning of co-operation to the benefit of mankind and self. A new era is before us, in which we can all play our parts successfully and with results far better than our forebears dared to dream."

I confess to being an optimist in medicine. I may be too sanguine, but I fail to see this bug-bear of state medicine. My belief is simple. It is that the State Department of Health wishes to aid me to the best of its ability in all diagnostics and therapeutics.

"What have we to fear? Surely I make mistakes—so do they, but we are both striving to save my patients. What they offer is enormous—therapeutic agents, sera and vaccines, diagnostic aids, cultures, swabs—endless array for the asking of those things necessary for the cure and prevention of many diseases.

"In addition we have recourse to our district state health officer—a man trained in public health work and diagnosis, who stands ready to aid us at all times. It is my belief that he stands midway between the physician and the Department of Health, seeing our viewpoints, anxious to aid, yet supporting to the best of his ability the principles of the State Department of Health."

"We must realize the limitations imposed upon us by private practice. We must realize the necessity of public health protection through the medium of the State Department of Health. It is our duty as physicians to accept gratefully, for our patients, those many agents for good that the department offers."

THE PRESIDENT'S ESTIMATE OF PUBLIC HEALTH.

"Public health lies at the foundation, the very foundation of all human welfare. Unless that is conserved and protected, there is very little use in any other activity for the promotion of public welfare."

—Indiana State Board of Health—Calvin Coolidge.

FINED FOR FAILURE TO REPORT BIRTHS

On January 9, 1925, Midwife Angeliki Theorideau, was fined Five Dollars ($5.00) by the municipal judge at Tarpon Springs, Florida, for failure to report births of children born under her care.

BUREAU OF VITAL STATISTICS—(Continued)

WHAT IS A CHILD WORTH?

When a little child lies in your arms at night,
What do you care for care?
When her little lips sing in the even' light,
And her little arms clasp you there;
When a little child lies in your arms at rest,
And the sun goes down in the purpling west,
What do you care for the toil and the stream,
When a little child lies in your arms to dream?

When a little child stands at the door and sings,
What do you acre for care?
When unto your arms in the dusk she springs,
And away to the rocking chair;
When a little child tells of the day's events,
Its laughter and lilt and its sacraments,
What do you care for the pain and the ache,
When a little child loves you for love's sweet sake?

When a little child slumbers in sleep's sweet fold,
What do you care for care?
Hugging her close in your arms' enfold
And smoothing her silken hair;
When a little child drifts 'neath the lullaby
To the dreamland sweet of the dreamland sky,
What do you care for the struggle and strife,
With love at the end of it sweeter than life?

—Folger McKinsey in The Baltimore Sun.

To make the statement, "Delay is dangerous" when referring to the filing of a birth certificate is stating the matter mildly. The people of a state represent its strongest and most valuable asset, and every individual birth certificate is the official legal record of each individual composing this asset. Is your baby registered?

A SERVICE THAT COUNTS FOR EVERYBODY



HER·WORK·MAKES·FEWER·SIGNS·NECESSARY

LIBRARIAN HYGIENIC,
LABORATORY,
25TH. & EAST STREET,
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HEALTH NOTES

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VOL. 17 APRIL, 1925 NO. 4

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

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RAYMOND C. TURCK, M. D., STATE HEALTH OFFICER
Jacksonville

THE BOARD

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F. CLIFTON MOOR, M. D. . . . . Tallahassee

ADMINISTRATION

Raymond C. Turck, M. D., State Health Officer

"CRIPPLED CHILDREN"

The actual number of crippled children in Florida today has not been determined but it is estimated that the number extends up into the hundreds and even thousands. In the States where actual counts have been made, the number of deformed children is unbelievably large. And Florida certainly has her share of them. That this is true, one need only to observe any group of children, taken at random, to be convinced. It is a fact that the great majority of these crippled children have deformities that can be improved or corrected and in some cases completely cured. While as it is now, the great majority are growing up with inadequate or no treatment at all, until it is too late.

There are several reasons for this being true. One is that there has been no adequate hospital facilities, where the proper treatment could be had; there is not a single hospital in the State with even one ward devoted to the treatment of deformities alone. Also the public, as a whole does not realize as yet that anything of permanent value can be done for the deformed child and, in many cases, where the parents are willing and anxious to have everything possible done for the child, they simply can not afford the expense of taking the patient hundreds of miles to another State for treatment.

The State Board of Health has tried to meet this problem in a small way, namely, by creating an orthopedic department where the indigent children of the State, can be given proper treatment regardless of their inability to pay. Heretofore, only a small percentage of the well to do children have had proper treatment, but it is hoped that eventually no child suffering with a correctible deformity will reach maturity untreated, because of anything except parental objection.

The old adage of "a stitch in time saves nine" was never more appropriately applied than to the crippled child which is only another way of stating that the earlier treatment is begun the better will be the results. This is a fact that needs no argument.

There are few cases that can be completely cured, but on the other hand there are very few cases that can not be improved to a marked degree both in appearance and in function.

The kind of treatment indicated naturally varies with the condition encountered. A number require only feeding, rest and some medication. Others require massages and corrective or graduated exercises. Braces and plaster casts are used rather extensively, while still others require surgical operations. Usually, the treatment consists of a combination of two or more of the methods named above. The average duration of hospital treatment of cases of all kinds coming from all parts of the State, is two months. An attempt is made to follow up each case under observation as long as seems necessary.

ADMINISTRATION—(Continued)

So the majority of cases are given return engagements so that there may be no recurrence of the original deformity.

It might be of interest to the reader to know something of the nature of the conditions now being treated.

Infantile paralysis composes by far the largest number of cases, being about sixty or seventy per cent of the total number. It is too much to expect cures in these old and neglected cases but their deformities can largely be corrected and their physical powers greatly improved in most instances. Congenital club feet include about ten per cent of all cases treated while other congenital deformities make up another five per cent. Old or mal-united fractures and joints injuries compose some three per cent with an equal percentage of chronic bone infections. Tuberculosis of the bone and joint furnishes at least five per cent of the total number while bowlegs, spastic paralysis and traumatic paralysis, spinal curvature and wry neck account for most of the others.

F. L. Fort, M. D.,
State Orthopedic Surgeon.

BUREAU OF ACCOUNTING
Screven Dozier, Auditor

RECEIPTS

Balance after paying December 1924 accounts	$40,921.08
January, 1925, receipts	16,688.12
Total	$57,609.20

DISBURSEMENTS

January, 1925, disbursements	$19,530.66
Balance	$38,078.54

DISBURSEMENTS FOR JANUARY, 1925, ITEMIZED

Administration	$2,151.78
Engineering	2,570.73
Laboratories	2,388.30
Child Welfare	1,653.12
Orthopedic	458.92
Vital Statistics	7,238.32
Multigraph	163.08
Biologics	1,253.80
Communicable Disease	1,652.61
	$19,530.66

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

EPIDEMIC TYPHOID

Typhoid fever does not appear in epidemic form as frequently or extensively in recent years as it did, say, twenty-five years ago. During the Spanish American war 18% of the men in the U. S. Army contracted typhoid and the studies which Vaughn, Shakespeare and Reed made among the troops at that time convinced them that flies were an important factor in the transmission of infection from the latrines to the mess tents. About that time the preventive inoculation was started in the Army. Now every man in uniform has his three typhoid "shots" as certainly as he has smallpox vaccination and typhoid is so rare among troops that Army medical officers forget how to treat it. A very considerable portion of the civilian population has also been immunized by the family physician or the Health Department.

Recent studies in Florida communities, where more than the usual number of typhoid cases have appeared, point definitely to the open back privy and flies as the important causative factors.

Modern mechanical and chemical methods of safeguarding and purifying water supplies, bacterial studies which disclose sewage contamination of water and the carrier state in persons who have had typhoid, or even in those who have no knowledge of exposure, are of the utmost practical value to sanitary workers. Yet, despite all that has been accomplished, typhoid claims too great a TOLL OF TIME AND MONEY AND HUMAN LIVES. It is said that no Health Department can do more than five per cent of the health work that should be done and the purpose of this article is to appeal to you—the general public—to do a larger part of your ninety-five per cent. You can go to your own physician and get him to give you typhoid vaccine. You can see that your own outhouse is so built and your house so screened that flies may not carry germ laden filth to be tracked over your food. By example and precept you can promote sanitary sewage disposal at your neighbor's house, your school house and in your town or city.

If, by any chance, you think there is little danger from typhoid, ask a dozen or fifty middle-aged people, who have not had typhoid vaccine, how many of them have had typhoid or lost members of their families on account of it.

* * * * *

IMMUNIZATION PROGRAM

INDIVIDUAL immunization against typhoid fever, smallpox and diphtheria is to be offered the people of Florida by the Bureau of Communicable Diseases. As rapidly and as consistently as possible the state is to be gone over, county by county, by the District Health Officers, who will give every one the opportunity to take preventive inoculation suited to their needs for protection against the three diseases for which immunization is a well recognized preventive.

BUREAU OF VITAL STATISTICS—(Continued)

It will probably be found necessary for the Health Officers to spend a month in a county in order to carry out the purpose of this new program and the counties first to receive the benefit of this work will be those having the greatest need and showing the greatest interest in this form of preventive measures.

Epidemiological studies and such other emergency work as presents itself will take precedent over this new program, which is to be made as elastic as possible in order to allow for performing these more urgent duties.

For some time the State Board of Health has furnished freely material for vaccination against the three diseases mentioned and a large number of treatments have been given by State Health Officials and by practicing physicians, whose altruism is mentioned appreciatively in this issue. Since this work has been done largely in times of danger from one of the diseases to be prevented, this form of combatting disease may be compared to a defensive warfare and the proposed immunization program may be termed an offensive campaign.

It is the belief and earnest hope of the writer that the same hearty co-operation will be given this work by the medical profession and the public that has been given other undertakings of this Bureau.

* * * * * *

THE DOCTOR IN YOUR TOWN — AN APPRECIATION

The members of the medical profession of Florida, like those of any other state and like members of any other profession or class, are human; they have their likes and dislikes, friends and enemies, virtues and weaknesses, hobbies, pleasures and disappointments just like any one else. Study of the medical sciences does not make saints or sinners of men, and doctors have to eat the same as other people, but the intimate relation of the physician with his patients, the knowledge he has of their family and personal life, gives him an insight into human nature that softens his heart, mellows his disposition and makes of him a philanthropist—one who seeks to promote the good of others even to the detriment of his own financial interests.

There is probably no other class or group of people as willing as doctors are to give freely of their advice and service in a way that will decrease their income. They act as ex-officio Health Officers and advisors for their patients and communities, usually without pay and tell them how to keep well, rather than wait and be paid to attend them when ill.

It is rare that any health worker has any difficulty in getting the moral support and assistance of a practicing physician in carrying out any legitimate health measure. They take time and trouble to isolate patients with communicable diseases, give instruction how to prevent their spread; they institute immunization work, co-operate in doing it or do it by themselves, and are not even paid for the gasoline they use in going about to do it. The public health tasks they perform and their deeds of charity, often unknown save to those for whom they are done, are innumerable. (Continued on page 49)

CHILD WELFARE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

MAY DAY HEALTH FESTIVAL

By: Byrtene C. Anderson, R. N. Field Nurse

"THE FIRST OF MAY IS EVERY CHILD'S DAY"

To create further interest in the health of the children, the American Child Health Association, of which Honorable Herbert Hoover is President, requests nation-wide observance of the first week in May as Child Health Week.

Programs in each State are under the direction of some department of the State Board of Health. In Florida the director of the Bureau of Child Wefare and Public Health Nursing has been appointed State Chairman. In order to make the plan effective in a state-wide measure, a chairman has been appointed for each county, who in turn, will form committees which will assist in various parts of the county, so that some special observance will be made of MAY DAY HEALTH FESTIVAL in every town and hamlet.



Florida is fortunate in having an organization such as the Florida Federation of Women's Clubs which answers every call for assistance in anything pertaining to the health or care of the children, and in the majority of the counties the President of the County Federation has been appointed as County Chairman.

While activities will necessarily vary according to size and nature of each locality, the program suggested to the County Chairman is one which will stress "Health in Play" and "Constructive Health Education." A tentative plan for four days activity which may be elaborated or simplified to suit the needs of the communities has been suggested as follows:

Friday, May 1st—May Day Festivities—Maypole dance, after which the Queen issues an edict to her subjects as to the care of their health. Health parades, Pageants or any activity that stresses the connection of Health and Play.

Saturday, May 2nd—Clinics for weighing and measuring well babies.

Sunday, May 3rd—Sermons by ministers stressing the relation of religion and health; special classes in Sunday School where the importance of health is brought out.

CHILD WELFARE AND PUBLIC HEALTH NURSING—(Cont.)

Monday, May 4th—General "Clean-up" Day. Clean streets, alleys, public buildings, school yards and public play grounds; remove all tin cans that will be breeding places for mosquitoes and clean any spots that might be breeding grounds for flies.

The plan for the May Day Health Festival in Florida has the official endorsement of Honorable John W. Martin, Governor of the State, and the sympathy and active co-operation of the various civic and philanthropic organizations. It solicits and deserves the interest of everyone who is interested in children.

The children should realize that it is their own day to celebrate the progress they made during the year in building stronger bodies and for pledging greater gains before the dawn of another May Day.

For the grown ups it should have a more serious purport. It should be marked by them by a get-together to study the factors in their community that are assets in building healthier boys and girls and to discuss the development of other safe guards of health. Choose an objective to work toward during the ensuing year, as public health nurse for your community, or health center.

We celebrate our National holidays to emphasize patriotism; we celebrate the birthdays and anniversaries of the outstanding men, women and events of our Country to keep alive our ideas of valor and courage, and we celebrate Christmas as the birthday of the Chirst Child who made possible our civilization. Is it not fitting then, since the child is the Hope of the Nation, that we devote a few days of the year to a special observance of its well-being and happiness?



"THE FIRST OF MAY IS EVERY CHILD'S DAY"

MAY DAY HEALTH JINGLE.

"Ring around a little posy,
I must keep my cheeks so rosy;
And if I'd be well and strong
I must play the whole day long."

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING FEBRUARY 1925

	Jackson-ville	Tampa	Pensa-cola	Miami	Talla-hassee	Total
Animal Parasites	2031	837	379	44	20	3311
Diphtheria	300	156	34	78	57	625
Typhoid	146	144	26	16	17	349
Malaria	193	163	26	14	40	436
Rabies	20	12	.....	.....	.....	32
Tuberculosis	198	107	14	31	18	368
Gonorrhoea	242	156	57	35	7	497
Syphilis	1723	480	.....	.....	.....	2203
Water: Bact. Exam.	.....	30	.....	9	1	40
Water: Chem. Exam.	.....	.....	.....	.....	1	1
Milk: Bact. Exam.	16	1	4	166	3	190
Milk: Chem. Exam.	16	1	4	351	3	375
Miscellaneous	23	9	41	.....	10	83
	4908	2096	585	744	177	8510

Specimen Containers Distributed During February, 1925 9834

BIOLOGICAL PRODUCTS SENT OUT DURING FEBRUARY 1925

Diphtheria Antitoxin	10,000 units	87
	5,000 units	51
Toxin Antitoxin		1874 Doses
Schicks		1500 & Controls
Tetanus Antitoxin	20,000 units	3
	10,000 units	9
	1.500 units	311
Typhoid Bacterin		599 Packages
Vaccine Virus		1060 Points
Antirabic Virus		74 Treatments
Carbon Tetrachloride		1095 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO THE LABORATORY

THE DOCTOR IN YOUR TOWN—AN APPRECIATION

(Continued from Page 45)

The purpose of this writing is to express appreciation for THE DOCTOR IN YOUR TOWN and to propose for him a toast—may he live long and prosper, may he enjoy the love and friendship of those he serves, and may his rewards, both temporal and eternal, both material and spiritual, be just suited to his particular taste.

HERE AND THERE

Every fly that skips our swatters
Will have five million sons and daughters,
And countless first and second cousins,
Of aunts and uncles scores and dozens,
And fifty-seven million nieces-
So knock the blame thing all to pieces.

—Oklahoma Health News

* * * * * * *

"The mind influences the body. During the War wounded soldiers at the hospitals in England had a change for the better on hearing good news from the front. Be cheerful. It takes thirteen muscles to make a smile and sixty-five to make a frown. Be cheerful, smile and be healthier."

—Chicago Health Bulletin

* * * * * * *

The most dangerous place to be is in an auto, claims a prominent insurance expert. Thirty per cent of the accidents he investigates occur in autos.

—La. Health Bulletin

* * * * * * *

According to the Brooklyn Daily Eagle for February 3, one of the few pupils of a public school in a small community on Long Island who did not receive toxin-antitoxin immunization last year recently developed a clinical case of diphtheria.

—N. Y. Health News.

* * * * * * *

Dr. W. A. Claxton, District Health Officer for the Tallahassee district, has been compelled to give up his work temporarily on account of illness. He has gone to North Carolina, where, it is earnestly hoped by his associates and friends, he will rapidly recover his health.

* * * * * * *

The work of the health department should mean more to the community than the perfunctory performance of certain duties. It should be a thing of vital interest to every individual, and as such should receive his earnest co-operation.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

PROGRESS MADE IN CONTROL OF CANCER.

Dr. Howard Canning Taylor, of No. 20 West 53d Street, Professor of Clinical Gynecology at the College of Physicians and Surgeons, and President of the American Gynecological Society, was elected President of the American Society for the Control of Cancer at the annual meeting of the Society held in its rooms, No. 370 Seventh Avenue, March 7, 1925. Dr. Taylor, who has been the Society's Vice-President and Chairman of its Executive Committee, succeeds Dr. Charles A. Powers, deceased. Thomas M. Debevoise was re-elected Secretary and Calvert Brewer was gain elected Treasurer. Dr. Francis Carter Wood was elected Vice-president.

In the Annual report of Dr. George A. Soper, Managing Director, evidence was presented to show that the efforts of the Society to acquaint the public with the systoms of cancer in order that those who were affected may receive speedy treatment had borne fruit throughout the country.

The latest report of the Pennsylvania Cancer Commission showed that in Pennsylvania from 1910 to 1923, the average time between the first symptoms and operation in superficial cancer cases had dropped from 18 months to 14.6 months, and that the average time between which a patient consulted a physician and was operated on dropped from 13 months to 4.5 months. Where deep cancers were concerned, the results were even more striking. Twelve years of educational work had cut down the average time between the discovery of the first symptoms of superficial cencer and the first call on the doctor 20 per cent., and reduced the interval between the patients' first appearance at the doctor's and the beginning of medical treatment 65 per cent. in superficial cancer and 70 per cent. in deep-seated cancer.

Reports from the 53 State Chairman of the American Society had shown that in each State cases were coming earlier to physicians and consequently with a better prospect of cure. Specific instances could be quoted of lives saved through the Society's work.

The Society's efforts for the year had included systematic work among the public, members of the medical profession, nurses, dentists and students at medical colleges. The Society's publications had all been revised to contain the latest information. Exhibits had been made at many notable meetings of professional men and women.

With reference to clinics, the cornerstone of a permanent institution had been laid in connection with the Medical School of the University of Minnesota, the funds having been provided by Mrs. George Chase Christian, a member of one of the Society's committees. A temporary clinic had been successfully operated at Fall River, Massachusetts, under the direction of Dr. E. P. Truesdale of that city, aided by Dr. Francis Carter Wood.

In cooperation with the Connecticut Medical Society, the Con-

BUREAU OF VITAL STATISTICS—(Continued)

necticut Public Health Association and the Connecticut State Department of Health, the Society had begun a three years' campaign in Connecticut during which it will turn to account the experience it has gained elsewhere in cancer control.

The Director's report showed that inquiries for information have greatly increased during the twelve months. They included letters from physicians of England, Spain, Cuba and Italy who wished information to guide them in the conduct of campaigns for the control of cancer in their countries.

Dr. Soper recommended that during the coming year work be continued along present lines and broadened in some directions; that "cancer weeks" be generally held; that further efforts be made to enlist the cooperation of dentists, nurses and social workers; that the work undertaken in Connecticut be extended to other states, and that the Pennsylvania Survey be duplicated elsewhere in the country.

DO YOUR PART.

Complete registration of births is the most difficult thing to obtain in the administration of vital statistics; the opportunities for births to remain unregistered are so numerous. For any state to remain in the U. S. Birth Registration Area it is necessary for it to collect at least 90 per cent of all births occurring in the state during any year. All physicians, midwives and parents where a physician or midwife is not employed are urged to report birtths promptly.

We receive at the state office each month dozens of letters from parents who are anxious to know if the births of their children have been recorded. Parents generally recognize that these certificates are often of great value in safeguarding the civil and property rights of their children and they are not slow to demand that the physician or midwife comply wlth the law in reporting the birth certificate within ten days after the date of birth as the law requires.

LOCAL REGISTRARS APPOINTED

Number	Name	Address
1-04	S. J. Berry	Alachua, Florida
1-07	R. E. Henderson	Trenton, Florida
3-06	C. A. Sowel	West Bay, Florida
28-017	P. H. Weakley	Rock Bluff, Florida
31-057	W. D. Young	Juliette, Florida
31-267	H. D. Grantham	Sparr, Florida
40-357	Mrs. Susan Voorhees	Pierce, Florida
49-10	Harry Metts	Port Orange, Florida
51-107	Mrs. Halie Gibson	Portland, Florida
61-02	Mrs. J. A. Brooks	Raiford, Florida
62-057	Mrs. Elma Carson	Immokalee, Florida

BUREAU OF VITAL STATISTICS—(Continued)

SAFER TO BE CITY THAN RURAL BABY.

Doctor Urges Better Care for Country Mother and Child.

The city baby has four times as good a chance to attain the age of one month as the country baby. The city mother, too, even in the slums, has twice as good a chance of surviving the dangers of childbirth as the rural mother. This is because the city woman is supervised before, during and after the birth of a child.

In a series of articles on "The Honest-to-Goodness American Child," beginning in Hygeia for January, Dr. Frances Sage Bradley makes a plea for better health opportunities for the country child. Three fifths of our children are born in the mountains, on the plains, down in the swamps and deltas, cut off by obstacles mechanical, social and economic from those sources of relief that are freely available to the child of the city, Dr. Bradley points out.

No Doctor in 100 Miles

Dr. Bradley declares that although our last frontier has vanished, many babies are being born and reared under pioneer conditions. She tells of a baby that lives out on the plains in a county of 5,500 square miles. There is not a telephone in the county, the nearest neighbor is 40 miles distant and the nearest doctor 100 miles away.

"A country visitor to the tenement district of any of our large cities might feel that all the children in the world are herded there. He would thank God that his children are spared the confusion, congestion and temptations of the slums," writes Dr. Bradley.

"Likewise the city man, after a few days in the country, would be overwhelmed by its isolation and lack of human relationships; by its inconveniences and lack of opportunities for the best development of his children. He would return to the city, grateful to escape the penalties of rural life.

Country Needs Skilled Aid

"Both men are right, and both are wrong. Neither knows what is happening to the child of the other and neither concerns himself to find out if in the great game of life his silent partner is getting a square deal.

"Let us recognize the fact that the honest-to-goodness American child is a country child and that his name is legion; that his coming and going are largely a matter of chance and tradition, though upon his integrity depends the integrity of the nation. It is believed that the knowledge and skill acquired in the laboratory of the city, if applied to the needs of the silent country citizen, will produce a nation the like of which the world has never seen."

BUREAU OF VITAL STATISTICS—(Continued)

JUST DOGS

Just dogs they were—dogs born to be
Man's friend in dire extremity;
They sensed a need and would not fail,
Though winter swept the long, hard trail.

Just dogs—dogs some men scorn and hate—
Yet in their legs dwelt mortal fate;
Poor humans, fever-racked and numb,
Lay waiting for the dogs to come.

Across the boundless desert-snow,
Breasts bared to all the winds that blow,
They sped unhalting—eyes ahead—
To make the living of the dead.

No time-clock marked their hours to run,
No whistle blew when toil was done;
They were just dogs, yet each well knew
Some task extreme was his to do.

Each marked the master's soul as keyed
Beyond the normal test of speed;
His was a race—and they were glad
To pledge him all the dog they had.

His was a goal, they knew not where,
But fighting legs would take him there.
Each leap they made was nearer home,
Each pull a plunge toward stricken Nome.

Some gave their all and died, they say;
Their bones, as monuments, must stay
To mark the lonely, frozen trail—
Their only dirge the coyote's wail.

Just dogs they were—dogs born to be
Man's friend in dire extremity;
They sensed a need and heard the call,
Yet they were dogs—just dogs—that's all!

—William Herschell to The Indianapolis News

BUREAU OF VITAL STATISTICS—(Continued)

Number of Births, Deaths and Non-Resident Deaths for January, 1925

	COUNTIES	BIRTHS 1925	DEATHS 1925	NON-RESIDENT 1925
0.	State	1931	1292	89
1.	Alachua	33	16	.....
2.	Baker	12	3	.....
3.	Bay	19	12	.....
4.	Bradford	11	10	.....
5.	Brevard	25	17	1
6.	Broward	19	20	1
7.	Calhoun	26	5	.....
55.	Charlotte	6	4	.....
8.	Citrus	6	3	.....
9.	Clay	4	8	.....
62.	Collier	2	.....	.....
10.	Columbia	22	17	3
11.	Dade	194	135	5
12.	DeSoto	17	9	1
56.	Dixie	1	.....	.....
13.	Duval	223	198	26
14.	Escambia	74	47	3
53.	Flagler	3	3	.....
15.	Franklin	7	1	.....
16.	Gadsden (3)	33	53	28
57.	Glades	.....	1	.....
17.	Hamilton	19	6	.....
58.	Hardee	14	5	.....
63.	Hendry (1)	3	.....	.....
18.	Hernando	3	3	.....
59.	Highlands	6	4	.....
19.	Hillsboro	253	137	22
20.	Holmes	19	4	.....
21.	Jackson	58	19	.....
22.	Jefferson	27	10	.....
23.	Lafayette	5	1	.....
24.	Lake	30	22	1
25.	Lee	23	15	.....
26.	Leon	19	22	.....
27.	Levy	23	8	.....
28.	Liberty	8	6	.....
29.	Madison	30	13	1
30.	Manatee	25	19	1
31.	Marion	40	24	.....
32.	Monroe	18	16	.....
33.	Nassau	10	6	.....
34.	Okaloosa	12	5	.....
54.	Okeechobee	.....	1	
35.	Orange	46	49	4
36.	Osceola	13	8	.....
37.	Palm Beach	67	44	7
38.	Pasco	12	7	

BUREAU OF VITAL STATISTICS—(Continued)

COUNTIES	BIRTHS 1925	DEATHS 1925	NON-RESIDENT 1925
39. Pinellas	73	84	27
40. Polk	57	33	1
41. Putnam	31	14	.....
42. St. Johns	21	25	4
43. St. Lucie	25	14	.....
44. Santa Rosa	16	13	.....
60. Sarasota	9	10	.....
45. Seminole	35	19	.....
46. Sumter	15	4	.....
47. Suwannee	28	6	.....
48. Taylor	9	1	.....
61. Union	8		.....
49. Volusia	36	32	5
50. Wakulla	4	3	.....
51. Walton	29	15	.....
52. Washington	15	3	.....

(3) State Hospital inmates included.

Number of Deaths from Certain Causes for the Month of January, 1925

DISEASES	1925 Total	White	Colored
Typhoid Fever	9	8	1
Malaria	8	3	5
Measles	1	1	.....
Scarlet Fever	2	2	.....
Whooping Cough	5	4	1
Diphtheria and Croup	8	8	.....
Influenza	43	24	19
Dysentery	12	6	6
Tetanus	5	.....	5
Tuberculosis	78	31	47
Cancer	65	54	11
Pellagra	5	2	3
Diabetes	12	11	1
Cerebral Hemorrhage Apoplexy	92	67	25
Chronic Heart Disease	183	136	47
Disease of the Arteries	9	7	2
Pneumonia	90	43	47
Diarrhoea and Enteritis (under 2 years)	25	13	12
Diarrhoea and Enteritis (2 years and over)	18	13	5
Chronic Nephritis	82	51	31
Total Puerperal State	26	14	12
Diseases of Early Infancy	61	39	22
Senility	27	16	11
Suicides	8	7	1
Homicides	19	6	13
Accidental Drowning	10	7	3
Railroad Accidents	7	5	2
Accidents by Firearms	14	3	11
Automobile Accidents	19	16	3

IS YOUR BABY REGISTERED?

The law requires that the BIRTH of every baby born in Florida shall be reported to the local Registrar.

LIBRARIAN HYGIENIC,
LABORATORY,
25TH. & EAST STREET,
WASHINGTON, D.C.

SOME REASONS WHY A RECORD OF YOUR CHILD'S BIRTH MAY BE NEEDED.

To Prove Legal Age:

For inheritance of property.
For claims of widows and orphans.
For settlement of insurance.
For settlement of pensions.
For right to serve on jury.
For entering military service.
For entrance to school.
For right to vote.
For right to marry.
For legal dependency.
For tax income.
For driving automobile.
For irresponsibility of children.
For employment in industries.

To Prove American Citizenship:

For passports.
For exemption from military service in foreign countries.
For criminal courts in foreign countries.
For immigration.
For right to hold certain offices.
For right of admission to certain professions.
For collecting compensation from Government.

To Prove Legitimacy.

Reports of births are required to be made within ten days by the physician or midwife in attendance, or, if there is no attendant, by the FATHER, MOTHER or HOUSEHOLDER.

HYGIENIC LABORATORY
WASHINGTON, D. C.
MAY 11 1925

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA HEALTH NOTES

OFFICIAL BULLETIN

PUBLISHED MONTHLY BY THE

STATE BOARD OF HEALTH

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VOL. 17 MAY, 1925 NO. 5

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any adrress in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

RAYMOND C. TURCK, M. D., STATE HEALTH OFFICER
Jacksonville

THE BOARD

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ADMINISTRATION

Raymond C. Turk, M. D., State Health Officer

"SPITTING"

Probably the worst of the habits in which the people of the civilized world indulge is promiscuous spitting. The habit is not only a filthy one but is dangerous as well and can only be abolished by the public itself. It is believed that if the people were cognizant of the fact that promiscuous spitting spreads disease, it would be stopped. If the people are not interested in the question now, it is because they are not convinced. They have the habit but do not believe it. People who will cross the street to avoid a house in which there is smallpox or diphtheria, will, without compunction, spit on the street. They can catch disease from a person who has it but do not believe they can catch disease from sputum. The public should interest themselves enough in the "No Spitting" habit to refrain themselves and persuade their friends to do likewise.

We have been told so many times, it is true, not to spit that it ceases to have any perceptible effect upon our conduct; however, frequently we are inclined to ask for proof when we are told to stop doing something to which we are accustomed and in this instance it is a wise step.

DOES SPITTING SPREAD DISEASE

That it is a filthy habit and one disgusting to persons of refined sensibilities need not be proved, but that tuberculosis or other disease is actually spread by this means, many have been inclined to doubt.

It was many years ago that a German doctor by the name of Gornet stated that the original source of infection in tuberculosis was the inhalation of dried human sputum into the lungs as dust.

Then along came another scientist, Doctor Fluggs, who stated that the means of infection from tuberculosis consisted of droplets of moist spray emitted by consumptives during forced expiration. But this, too, has very little to do with spitting.

Later scientists declared that the common method of infection was the ingestion of food contaminated by sputum. But it is difficult to determine which of the conclusions were correct—perhaps they all are—there may be many means of infection; in any event, it seems most important, at this time, to educate the promiscuous spitter to the responsibility of his act so that he may have some knowledge on the subject and, eventually, break himself of the habit.

Recently a statement was issued which brought home a line of reasoning placing a certain definite responsibility on the man who indiscriminately spits on the street. It stated that spitting accounts, in a large measure for the fact that broadly speaking ten percent of the children in cities exhibit infection with tuberculosis by the end of their second year; in those three years old, from fifteen to twenty percent; six years from fifty to sixty percent and fifteen years about seventy-five percent. These statistics were verified by the writer of the article who stated further that taking three-fourths of all children

ADMINISTRATION—(Continued)

under fifteen as a basis, it was found that during the first two years ten percent or about one-seventh of all infected received their first infection; during the third year, one-seventh more; between the ages of four and seven, one-half more and between seven and fifteen, one-seventh more. To understand the figures more clearly, it must be remembered that there is a difference between infection and disease, the former far outweighing the latter numerically.

Another significant fact is noted, i. e., that during infancy, when the child is more confined indoors than any other time in its life, only two-sevenths become infected for the first time but during early childhood, from four to seven, about one-half are infected.

So the practice of spitting outdoors, it is reasonable to assume, is the cause of the disproportionately large amount of tuberculosis infection among children. Who believing this true, will spit on the street. Only the man who feels himself to be free from disease. But how does he know he is free? Again do we find the facts of science against the spitter. For in an average community, twice as many people have the disease of tuberculosis in active form and do not know it as there are persons aware of this condition, one reason why the State Board of Health is stressing the annual physical examination. The difficulty in abolishing the spitting nuisance is that each person believes himself exempt, free from disease, and privileged to do as he pleases and proceeds with perfectly clear conscience to spread invisible germs far and wide.

The spitting problem will solve itself when every man realizes that the rule applies to himself as well as to his neighborhood.

THE CARELESS SPITTER IS A RECRUITING SERGEANT FOR THE CEMETERY.

* * * * * *

TIRED BUSINESS MAN SHOULD WALK

"You eat too much, drink too much, sit around too much and walk too little."

A tired business man on the shady side of forty felt he was on the decline and consulted a physician who thus sized up his condition. "I am going to put you on a rigid diet and I want you to walk, walk, walk."

The advice was put into effect and in a short time the sedentary man began to take a new point ofview in his business, he began to train down, harden his muscles, and breathe easily.

Any one can reap the benefits of walking for health with very little change. He must only have the initiative to rearrange his habits and to use the legs that were given him for the sole purpose of walking.

Every one ought to walk and nearly every one who walks should do more of it.

Should pedestrianism become universal, the present generation would be far healthier and happier and its children would be sturdier and more beautiful—C. P. Fordyce in Hygeia.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

TUBERCULOSIS CASE INVESTIGATED

Recently, at the request of the town council of a small but well kept and progressive town in Florida, the name of which is withheld for obvious reasons, a suspected case of chronic pulmonary tuberculosis was investigated. The patient and family insisted that neither they nor the attending physician suspected consumption, although on physical examination there was found abundant evidence of extensive involvement of both lungs and in the sputum specimen which was collected tubercle bacilli were readily found. The patient has been advised of his condition and told a few of the things he must do if he is to get better, has been instructed about the disposal of his sputum and instructed to remain away from the little grocery store where he had been in the habit of spending considerable of his time. A report has been sent the attending physician.

TUBERCULOSIS HOSPITAL

The best place for tuberculosis patients is in a tuberculosis hospital and the sooner they enter after the discovery of the disease, the better. There they have the best chance to recover and are least likely to transmit the disease to others.

SMALLPOX

The opportunity to say, "I told you so", comes often to the Health Officer, so often, in fact, that it affords him little comfort or perhaps it is on account of his kindness and sympathy that he usually refrains from expressing what he must often think. To many a physician the sight of an adult with a well marked smallpox eruption is an occasion for a little wholesome mirth, evidently for no reason, save that he knows the attack could easily have been prevented by vaccination and the joke is on the patient.

Scattered cases of smallpox have occurred in Florida during the winter and so far the State Board of Health with the hearty cooperation of local physicians has forestalled an epidemic, but there is in this state a large population of unvaccinated people and conditions are right as they have recently been in Colorado, Kansas, Michigan and Minnesota for a serious outbreak.

There is but one way to control smallpox or guarantee individual immunity against an attack and that is to vaccinate. The State Board of Health discharges its responsibility by sounding frequent warnings, distributing free vaccine virus and now by offering free vaccination to all who desire it. So now the individual must hold himself accountable, if smallpox attacks him or any minor child in his household.

Vaccination under reasonable care is not dangerous or painful and the protection it gives is both satisfying and durable. To all smallpox victims we reserve the right, (but have no desire) to say, "I told you so".

BUREAU OF COMMUNICABLE DISEASES—(Cont.)

THE CONTROL OF MALARIA

If we accept and keep in mind the fact that malaria is transmitted from person to person by the bite of a certain mosquito, which acquires the infection by sucking the blood of a malaria patient and later injects the germ (plasmodia) into well people when seeking other meals of blood; if we accept this fact, which has been clearly proven and generally accepted, then the methods of preventing the spread of malaria seem almost self evident, and it is a cause for wonder that there are people who neglect the rather elementary precautions that would guard them against the suffering, expense, loss of time and even death incident to an attack of malaria or "chills and fever".

Theoretically there are three methods by which malaria might be prevented. Any one of them would completely eradicate the disease, if it could be made 100% effective, but, since there is no known way to reach such degree of efficiency, there is the most urgent need of doing as well as possible with all three methods, which are here enumerated:

I. PREVENT MOSQUITO BREEDING.

Obviously, if mosquito breeding could be entirely controlled, there would be no way to spread malaria and it would very quickly disappear. Complete control of breeding is an accomplishment greatly to be desired, but, on account of the enormous engineering difficulties and expense involved, it is an ideal not to be attained in the near future; yet, the benefits to health and comfort which may be gained by a reasonable expenditure of energy in that direction are great and much is being accomplished by draining, oiling, stocking with fish and by clearing the breeding places of trash and vegetation that protects mosquito larva from their natural enemies.

II. PREVENT MOSQUITOES FROM BITING PEOPLE.

If mosquitoes were not permitted to feed on human blood, none would acquire the germs of malaria and none could be transplanted into the blood of healthy persons. The malaria carrying (anophelene) mosquito is timid and stealthy, it bites at night when people are asleep and if it is effectually excluded from a house by screening there is little likelihood of the inmates of that house contracting malaria.

III. CURE ALL MALARIA CASES.

If all persons who have malaria were completely cured, it would not matter how many anophelene mosquitoes there might be or how many people they might bite, they could not get any malaria, neither inject them into the blood of well persons. The complete cure of a malaria patient is sometimes difficult and is not always accomplished even by the eight week's treatment, recommended by the National Malaria Commission. Anything like adequate treatment is unusual,

BUREAU OF COMMUNICABLE DISEASES—(Cont.)

because, whether the patient undertakes to treat himself or seeks the advice of a physician, he is likely to be made comfortable by a few days' treatment, soon wearies of taking medicine and leaves it off only to have another attack after a few weeks or months—really a relapse, though he is likely to think of it as a new attack or reinfection. Such a person may be a perpetual source from which infection may be carried to other members of the family, neighbors or visitors from afar.

In Florida malaria is a cause of sickness deserving greater consideration, not so much from the State Board of Health or medical profession, but from employers of labor, heads of families and individuals. It is the cause of much economic loss because of decreased efficiency, loss of time and expense of treatment.

The assertion that the official public health agency can do only three per cent of the health work that should be done is particularly true in this connection for, manifestly, the State Board of Health cannot drain ponds, screen houses or administer quinine, that is the responsibility of the community, property owner, householder or individual. The State Board of Health can and does give accurate and adequate information about the control of malaria and other diseases, it gathers and disseminates information about the prevalence of disease and the causes of death. If due heed is given these admonitions, Florida will be a better place in which to live and her people will be more prosperous.

BUREAU OF ACCOUNTING

Screven Dozier, Auditor

RECEIPTS

Balance after paying January, 1925 accounts	$38,078.54
February, 1925 receipts	10,160.71
Total	$48,239.25

DISBURSEMENTS

February, 1925 disbursements	$16,577.38
Balance	$31,661.87

DISBURSEMENTS FOR FEBRUARY, 1925, ITEMIZED

Administration	$2,736.74
Engineering	2,838.97
Laboratories	2,874.36
Child Welfare	2,072.07
Orthopedic	1,196.19
Vital Statistics	1,931.68
Multigraph	181.69
Biologics	907.39
Communicable Disease	1,838.29
	$16,577.38

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING MARCH 1925

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1698	640	599	82	22	3041
Diphtheria	876	114	24	30	31	1075
Typhoid	157	192	24	18	29	420
Malaria	225	205	23	18	51	522
Rabies	15	9	.....	3	.....	27
Tuberculosis	177	133	73	48	14	445
Gonorrhoea	258	195	50	39	7	549
Syphilis	2032	460	.....	.....	.....	2492
Water: Bact. Exam.	.....	30	.....	20	1	51
Water. Chem. Exam.	.....	.....	.....	.....	1	1
Milk: Bact. Exam.	27	8	4	172	5	216
Milk: Chem. Exam.	29	8	4	388	5	434
Miscellaneous	36	7	61	.....	10	114
	5530	2001	862	818	176	9387

Specimen Containers Distributed During March, 1925 5928

BIOLOGICAL PRODUCTS SENT OUT DURING MARCH, 1925

Diphtheria Antitoxin	10,000 units	87
	5,000 units	34
Toxin Antitoxin		665 Doses
Schicks		700 & Controls
Tetanus Antitoxin	20,000 units	4
	10,000 units	8
	1.500 units	323
Typhoid Bacterin—Plain		366 Packages
—Triple		265 Packages
Vaccine Virus		1580 Points
Antimeningococcus Serum		1 Cylinder
Antirabic Virus		53 Treatments
Carbon Tetrachloride		1415 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO THE LABORATORY

CHILD WELFARE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

"THE FAMILY AND CHILD WELFARE"

by

Walter Greenwood Beach

Professor of Social Science, Stanford University

In the dim recesses of prehistoric ages are found the beginnings of the family and the home. On the steppes of central Asia or amid the forests of Africa there gathered about the fire on the open plain father, mother and children; or in some cave in southern France, with the fire at its mouth to ward off wild animals as well as to provide warmth, a similar group is found. Whether wandering from place to place or later fastened to a piece of land as the basis of liying, men, women and children are bound together as a unit, making by their unity those relations which constitute the home. In the home was the first division of work—that between man and woman. Here was the simplest type of worship—the family about the fireside in reverence before the household gods—long before tribal or national divinities had significance in the lives of men. Here, too, was the beginning of education—the apprenticeship life of children for the work of manhood and womanhood; and here the ideals, the virtues, the social loyalties, which bound individuals to common social purposes and activities, were taught, thus becoming the governing heritage of child life. The family is a simple primary group, profoundly affecting the strength and welfare of the human race.

Each of the great institutions of society has some social function; it does something which is thought to contribute to social welfare. Fundamentally, the function of the family—what it does for society—has to do with the development of childhood. To bring children into the world is not enough; to guard and protect them so that they shall continue to live is also essential. And even this is not the whole story; equally it is necessary to build into their lives those habits, virtues, knowledge and interests which are the foundations of the types of conduct upon which the welfare of society depends. Society depends for its existence on the birth of population, upon the health and vitality of this population, and upon the quality of the population, as determined by inborn traits and by the influences which shape and direct each life after birth. It is the family which, all through past ages, has had this most difficult and vital task, and is still its social work and opportunity.

THE GREATEST CHILD WELFARE INSTITUTION

Most definitely, therefore, the family is the child welfare institution. If it does its work well, healthy and promising child life is the result; if it fails or is weak, child life fails—and this reveals itself in

CHILD WELFARE AND PUBLIC HEALTH NURSING—(Cont.)

sickness and a heavy death rate, in an increase in the quantity of dependent children, in a growing number of those who go astray, entering eventually the world of vice or crime, and in all other kinds of social ills which all social workers are constantly facing.

Human offspring have a long period of childhood, and childhood means weakness and dependence; lower orders of life grow up quickly, needing protection but for a brief childhood. Because of this difference between human and animal life, the human family which is the institution for the protection of child life, must have a permanence, a stability, which is not demanded by other forms of life. Only by a relatively permanent family life—not to be broken except for very grave reasons—is it possible to gain that stability which is necessary if suitable standards of child welfare are to be maintained.

What are the standards for child life which may be expected in normal and well constituted family life? For it is wise to fix the attention upon normal rather than exceptional social conditions in order to have a basis for judgment. Without trying to make a complete statement, normal family life suggests at least these standards: A good inheritance, health, a chance to play; fit companionship; education, adequate income. Failure in any of these standards leads to one or more of the problems which are thought of as constituting the social evils of child life. Such problems are those of a bad inheritance —a crippled body or a defective mind; dependency—in which the family protection is gone or perhaps was never present or too evil to be permitted to remain or is sick or without the necessary income to function as a family. Or it may be the difficulties are those of delinquency, the outcome of failure in any or all of the suggested standards; it may be that poor income, wrong education or other reasons have led to conditions of child labor, involving in its train the absence of play, unfit companionship, conditions undermining health, and the ending of education. Evidently, a wise society interested in its own welfare is bound to care for the family; it must, of necessity, strive to keep family life from being weakened or destroyed; it must strive to make families more adequate, more conscious of their social possibilities and better able to maintain the standards upon which wholesome child life depends.

And yet it is surprising how little public interest there is in this fact. The agencies of education hardly know that families exist. Next to nothing in the education of youth is definitely directed toward the understanding of the problems and the significance of family life. Housing conditions must become peculiarly atrocious before the public notices that wholesome family life cannot grow without light and air and room to play and a chance for right companionship.

CHILD WELFARE AND PUBLIC HEALTH NURSING—(Cont.)

OUR BIG PROBLEMS

We are facing as never before the problems involved in bad heredity. The family is the carrier of the inborn life, and this inborn life shows itself in degrees of capacity or incapacity, as well as in the type of disposition, and in physical constitution. All social workers know today that many of their problems of family relief, showing themselves in delinquency, immorality, incompetency and ignorance, are primarily the outgrowth of defective minds. To preserve such family life is itself to continue endlessly these social problems. Such families ought simply to cease to exist, and social workers should be most vigorous promoters of sound social policy in this regard.

But dependency and delinquency are not an expression of heredity alone. Sickness and poverty sweep through society in a vicious circle and carry the family in their evil path; while unfit companionship co-operates with lack of education and the temptations of the city streets to build false ideals and to pave the way into vice and crime. Child dependency is the failure of the family home to function, and it suggests the obligation of the larger community to take its place, either, and best, through providing new family homes, or, at times, but with great caution through standardized, carefully administered public homes. Delinquency exhibits within itself certain evident social failures within the family, though not necessarily the fault of the family. Such failures show themselves in undisciplined lives, in thwarted lives, in empty lives, and they make clear to us how little yet do we know about the control of human conduct. Normal inborn impulses which are ruthlessly thwarted break over into rebellion and into evil conduct; wisely directed activities fill life with wholesome interests—opening doors which lead to finer experiences and those human relationships which, of themselves, teach self-control and discipline character. But if poverty, over-work, the crowded street, and no family play space or play time govern life, the emptiness of fine interests invites to evil and to adventure without the control of discipline or social conciousness.

Among the noteworthy conditions which are now weakening the efficiency of the family, it is sufficient to point to the changes in industry which have taken much of the old-time work of women out of the home, sending women out to work as individuals, not as members of a family economic unit. The same changes have brought about an industrial indifference to social welfare, which shows itself in working conditions which are unfit for women and children, yet industry is making opportunities for work for them both, constituting an economic and adventuresome attraction of great power. The growth of city congestion also works toward the weakening of family unity.

HERE AND THERE

The following is a paragraph from a letter written by Mr. Samuel Pearlman of Miami, Florida, acknowledging receipt of official notification, from this bureau, that his baby had been registered by the attending physician.

"At the same time allow me to express, on behalf of Mrs. Pearlman and myself, our sincere gratification and joy, upon receiving this very thoughtful missive which means so much to us and baby. We are indeed mighty proud to be residents of the State of Florida, and to receive such inspiring literature from your department. The sentiment and human interest supplementing your records is truly appealing."

Yours for a Greater Florida,

* * * * * *

The article on page 68 was originally published in the Illinois Health News. The figures have been rearranged from the Florida records and will give information concerning the vital statistics of this State.

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"No Spitting" cards for posting in public buildings can be secured from the State Board of Health on request without charge in English, Spanish and Italian.

* * * * * * *

"ENGLISH ANATOMY"

At a high school examination in England, the following definition was given to Anatomy: "Anatomy is the human body, which consists of three parts—the head, the chist and the stummick. The head contains the eyes and the brains, if any; the chist contains the lungs and a piece of liver; the stummick is devoted to the bowels, of which there are five—a, e, i, o and u and sometimes w and y."

—Baltimore Health News.

* * * * * * *

Surgeon General Cumming of the United States Public Health Service states that preventable diseases will cost the people of the United States over three million dollars in 1925 in addition to suffering and death of approximately one-half million people.

NEW LOCAL REGISTRARS APPOINTED

Number	Name	Address
21047	Mr. J. W. Mitchell	Graceville, Fla.
35207	Mr. Jesse J. Wills	Pine Castle, Fla.
40-01	Dr. Paul Fischer	201 Hartsell Bldg., Lakeland, Fla.
41217	Mrs. A. E. Burney	Bostwick, Fla.
48-03	Mr. W. A. Pauker	Carbur, Fla.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

RECORDS

When the president of a bank reports to his board of directors that the institution has earned $100,000 during the year, the members are interested, gratified perhaps, but not satisfied. They wish to know what transactions resulted in the earnings. Did the bank make its largest dividends from loaning money on real estate or did commercial paper pay better? Did the bank lose $50,000 or $75,000 in bad deals that might easily have been avoided with the proper kind of expert guidance? If there were any losses, where did they occur and what means may be employed to prevent their occurrence? In any event, how may the funds of the bank be employed to greater advantage? How can the bank increase its earning power and its service to the depositors?

These questions can be answered only from a true and accurate knowledge of the bank's business. Every function of the bank and every transaction must be recorded, analyzed and related in such a way as to show plainly where all the gains are made and where all the losses fall. Otherwise no bank can hope to reach its highest point of efficiency for either the stockholders or the depositors.

The case is the same in the business of public health service. Gross records of births and deaths show whether the population is gaining or not. They do not show whether severe losses are incurred that might easily be preevnted. From gross vital statistics we may know that approximately 100,000 more people have been born in Florida than have died during the last ten years but this information does not reveal the fact that perhaps 10,000 people, most of them in the very prime of life, died from tuberculosis during the same period. Neither does it tell us that typhoid fever, a needless disease, carried off 1,500 people nor that diphtheria caused the death of some 700 persons. Such knowledge is essential to the successful operation of public health service but it can be gained only through the most careful analysis of death records.

Under the present state administration the vital statistics of Florida have, for the first time, been collected, compiled and analyzed in a way that satisfies. Instead of estimates, guesses and conjectures, as was the case prior to 1919, the number of infant deaths, the number of deaths by age groups, cause, place of occurrence and by other important classifications are now a matter of absolute record so that the facts are available to anyone who may wish to use them. Not only are the records more complete and more comprehensively analyzed than ever before but they are available more promptly.

Without vital statistics records of this character public health service is haphazard and expensive at best. With the kind of records that are now available the public health workers are able to direct their efforts against disease in a way that is timely, effective and economical.

STATEMENT OF THE OWNERSHIP, MANAGEMENT, CIRCULATION, ETC., REQUIRED BY THE ACT OF CONGRESS OF AUGUST 24, 1912.

Of FLORIDA HEALTH NOTES (Insert title of publication.) published MONTHLY (Insert frequency of issue.)

at JACKSONVILLE FLORIDA (Name of post office and State.) for April 1st 1925. (State whether for April 1 or October 1.)

STATE OF FLORIDA
COUNTY OF DUVAL } ss.

Before me a NOTARY PUBLIC in and for the State and county aforesaid, personally appeared T.O.Turck,State Health Officer., who, having been duly sworn according to law, deposes and says that he is the Publisher (State whether editor, publisher, business manager, or owner.) of the FLORIDA HEALTH NOTES (Insert title of publication.) and that the following is, to the best of his knowledge and belief, a true statement of the ownership, management (and if a daily paper, the circulation), etc., of the aforesaid publication for the date shown in the above caption, required by the Act of August 24, 1912, embodied in section 411, Postal Laws and Regulations, printed on the reverse of this form, to wit:

1. That the names and addresses of the publisher, editor, managing editor, and business managers are:

	Name of—	Post office address—
Publisher	FLORIDA STATE BOARD OF HEALTH BY T.O.TURCK	P.O.BOX No. 135
Editor	Dr.S.G.Thompson,Director,Bureau of Vital Statistics	P.O.BOX No. 135.
Managing Editor		
Business Manager		

2. That the owner is: (If owned by a corporation, its name and address must be stated and also immediately thereunder the names and addresses of stockholders owning or holding one per cent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a firm, company, or other unincorporated concern, its name and address, as well as those of each individual member, must be given.)

FLORIDA STATE BOARD OF HEALTH	P.O.BOX No. 135

3. That the known bondholders, mortgagees, and other security holders owning or holding 1 per cent or more of total amount of bonds, mortgages, or other securities are: (If there are none, so state.)

XXXXXXXXXXXXXXXX	XXXXXXXX

4. That the two paragraphs next above, giving the names of the owners, stockholders, and security holders, if any, contain not only the list of stockholders and security holders as they appear upon the books of the company but also, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting, is given; also that the said two paragraphs contain statements embracing affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity other than that of a bona fide owner; and this affiant has no reason to believe that any other person, association, or corporation has any interest direct or indirect in the said stock, bonds, or other securities than as so stated by him.

5. That the average number of copies of each issue of this publication ~~sold~~ or distributed, through the mails or otherwise, ~~to paid subscribers~~ during the six months preceding the date shown above is 9,500 monthly (This information is required from daily publications only.)

T.O.Turck
(Signature of editor, publisher, business manager, or owner.)

Sworn to and subscribed before me this 25th day of March 1925.

[SEAL.]

S.G.Thompson
(My commission expires April 2 1928.)

Form 3526.—Ed. 1924.

NOTE.—This statement must be made in duplicate and both copies delivered by the publisher to the postmaster, who shall send one copy to the Third Assistant Postmaster General (Division of Classification), Washington, D. C., and retain the other at the office of the post office. The publisher must furnish a copy of this statement in the second issue printed next after its filing.

POSTMASTER: BE SURE TO READ AND CAREFULLY OBSERVE INSTRUCTIONS ON THE OTHER SIDE.

BUREAU OF VITAL STATISTICS (Cont.)

Total number of living births and still-births by color and by counties, 1924

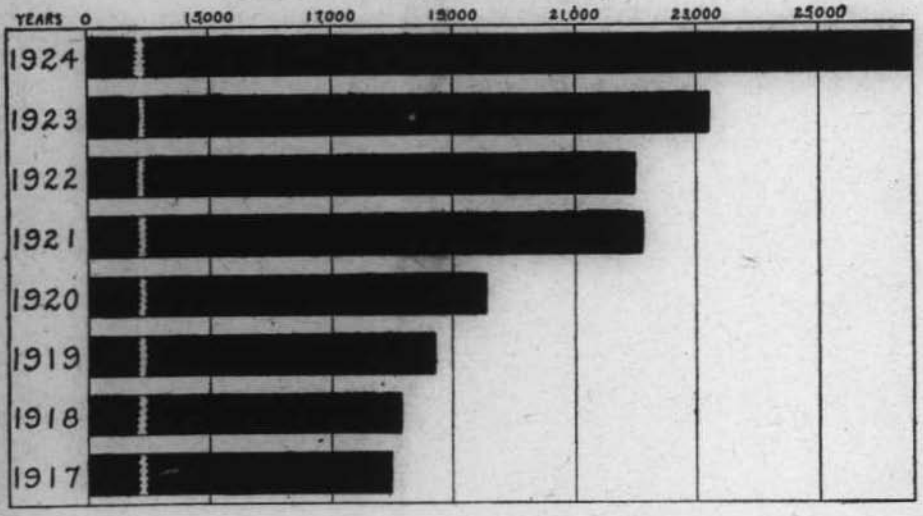
COUNTIES	TOTAL		WHITE		COLORED	
	BIRTHS	STILL	BIRTHS	STILL	BIRTHS	STILL
0. State	26,748	1,869	18,108	821	8,640	1,048
1. Alachua	670	48	401	21	269	27
2. Baker	166	4	121	1	45	3
3. Bay	313	27	222	14	91	13
4. Bradford	165	13	124	2	41	11
5. Brevard	248	17	162	9	86	8
6. Broward	276	10	159	6	117	4
7. Calhoun	284	21	222	10	62	11
55. Charlotte	62	6	46	1	16	5
8. Citrus	158	4	94	1	64	3
9. Clay	101	2	72	2	29	.....
62. Collier	16	.....	16	.....	.....	.....
10. Columbia	369	39	198	11	171	28
11. Dade	2,155	160	1,227	72	928	88
12. DeSoto	217	9	186	6	31	3
56. Dixie	72	.....	62	.....	10	.....
13. Duval	2,954	270	1,843	73	1,111	197
14. Escambia	1,101	71	837	44	264	27
53. Flagler	37	5	16	2	21	3
15. Franklin	116	6	65	3	51	3
16. Gadsden	561	49	191	15	370	34
57. Glades	56	3	51	3	5	.....
17. Hamilton	204	21	126	7	78	14
58. Hardee	238	18	219	17	19	1
63. Hendry	25	1	24	1	1	.....
18. Hernando	70	7	53	2	17	5
59. Highlands	129	7	102	2	27	5
19. Hillsboro	2,731	170	2,263	89	468	81
20. Holmes	298	10	282	10	16	.....
21. Jackson	700	50	405	16	295	34

BUREAU OF VITAL STATISTICS—(Continued)

COUNTIES	TOTAL		WHITE		COLORED	
	BIRTHS	STILL	BIRTHS	STILL	BIRTHS	STILL
22. Jefferson	353	29	83	4	270	25
23. Lafayette	134	6	120	6	14	.....
24. Lake	428	26	310	14	118	12
25. Lee	224	17	183	15	41	2
26. Leon	420	36	134	8	286	28
27. Levy	246	19	169	14	77	5
28. Liberty	99	8	70	2	29	6
29. Madison	383	23	174	8	209	15
30. Manatee	423	15	288	7	135	8
31. Marion	555	30	256	10	299	20
32. Monroe	367	29	292	21	75	8
33. Nassau	176	23	99	10	77	13
34. Okaloosa	280	17	252	12	28	5
54. Okeechobee	77	.....	64	.....	13	.....
35. Orange	814	36	614	17	200	19
36. Osceola	168	11	126	6	42	5
37. Palm Beach	731	62	478	29	253	33
38. Pasco	181	10	140	9	41	1
39. Pinellas	822	60	664	30	158	30
40. Polk	1,341	73	1,094	40	247	33
41. Putnam	392	26	197	7	195	19
42. St. Johns	344	31	227	10	117	21
43. St. Lucie	312	23	232	13	80	10
44. Santa Rosa	331	21	263	12	68	9
60. Sarasota	125	8	102	5	23	3
45. Seminole	353	31	187	6	166	25
46. Sumter	157	11	113	6	44	5
47. Suwannee	378	27	243	11	135	16
58. Taylor	235	10	173	2	62	8
61. Union	77	3	61	1	16	2
49. Volusia	588	31	375	12	213	19
50. Wakulla	109	15	55	4	54	11
51. Walton	352	30	272	16	80	14
52. Washington	281	24	209	14	72	10

FLORIDA.

NUMBER OF BIRTHS REGISTERED



LIBRARIAN HYGIENIC,
LABORATORY,
25TH. & EAST STREET,
WASHINGTON, D.C.

HYGIENIC LABORATORY,
WASHINGTON, D. C. JUN 10 1925

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA HEALTH NOTES

OFFICIAL BULLETIN

PUBLISHED MONTHLY BY THE

STATE BOARD OF HEALTH

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Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

RAYMOND C. TURCK, M. D., STATE HEALTH OFFICER
Jacksonville

THE BOARD

CALVIN T. YOUNG, M. D. . . . . President, Plant City
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ADMINISTRATION

Raymond C. Turk, M. D., State Health Officer

"HEALTHFUL LIVING"

The teaching of the principles of healthful living has been so widely diffused during the past decade that they are difficult to assemble.

In 1832, Sylvester Graham, American reformer, for whom Graham flour was named, began to "call men to repent of the sins of the table". During the next quarter of a century, in that early day, a wave of health reform swept over the country and a number of colleges entered the fight taking active steps against the use of liquors, candies, flesh foods, tea, coffee and condiments as well as going so far as to advocate the use of bread made only of certain kinds of flour. One college, of no mean size, went so far as to forbid the free use, among the students, of fats, pastries and gravies and followed the custom of eating whole grain bread after it had been baked at least twenty-four hours. Several other colleges came out in the press for abstinence from tea and coffee as well as all luxuries claiming they were detrimental to 'healthful living'. This was their idea of healthful living.

The agitation was started following the movement inaugurated by Sylvester Graham, leader of the public school system, who wrote at that time. "We pay more attention to the health of the students, not only by teaching physiological laws of health but by training to an habitual obedience to them. Solomon does not say, 'teach a child in the way he should go, but he says 'train him'." It would seem that schools today should teach health habits to children so religiously that they would habitually, without thinking, obey the laws of health and thus make for HEALTHFUL LIVING.

The theory of Horace Mann, American educator, regarding the "laws of health is that the child should be required to do the things himself and to repeat it again and again and ten times again until it becomes a habit."

We have been slow to follow the health principles taught in the days of Sylvester Graham and Horace Mann and others who took part in the health propaganda of long ago and for that we are paying today an infinite price, in disease, suffering and premature death. Health is so important but held so lightly—few appreciate its value while they have it, misusing it shamefully, but realizing its inestimable value when they have lost it and are trying to regain it.

Science has brought to light many ways in which disease may be thwarted or controlled; for instance, through the Schick and Dick tests, recent discoveries, it is possible to determine susceptibility to diphtheria and scarlet fever, respectively, and if susceptible be immunized by the administration of toxin antitoxins; by the administration of typhoid serum and smallpox vaccine, there is protection from these very often fatal diseases, and, as a matter of fact, there are countless ways in which science is protecting and prolonging life. In the end, however, it is up to the individual to "do" for himself, that is to take advantage of the things science has discovered for him, at the same time persuading family and friends to do likewise.

ADMINISTRATION—(Continued)

Possibly the most worthwhile of the health movements today is the "Health Examination on your Birthday" movement and because of this movement many people are forming the habit of having, annually, on their birthday a complete physical examination made. A noticeable increase in the span of life should and will be the result. In fact it is interesting to note that there is already an increased length of life among persons of mature age, a group which in 1910, had shown a decrease in longevity, according to a United States Public Health Service investigation not so long ago.

Did you ever stop to think of the ways in which your State Board of Health saves a great deal of money for the citizens of the state. Here is one saving that not one in a thousand thinks of and I am sure that no one realizes the extent of the saving by obtaining biological products in bulk. It must be borne in mind that in the retail trade there is a great deal of the stock that, due to the irregular demand, becomes outdated and hence the retail prices must be high enough to cover the loss, for every biological house replaces all outdated goods.

By getting our biologics in bulk and by keeping a constant supervision over the distribution we are able to get an extremely low price on these products and in 1924 the biologics sent out by the State Board of Health

WOULD HAVE COST AT RETAIL	$52,203.75
THE BOARD PAID	14,225.98
A SAVING OF	$37,977.77

THINK IT OVER AND HELP THE BOARD TO HELP YOU

SUMMER COURSES IN PUBLIC HEALTH

Short courses of study for Health Officers, statisticians and public health nurses are to be offered in more than a score of the leading universities and colleges of the country during the summer. These periods of training vary from three to eight weeks in length and the sessions begin as early as June 22nd in one of the schools.

A number of nationally known teachers have been engaged to give lectures at the various institutions and the courses have the endorsement of the United States Public Health Service and State Boards of Health.

Further information can be had by addressing the Surgeon General, United States Public Health Service, Washington, D. C.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

VACATION AND ANTITYPHOID VACCINATION

Preventing typhoid by vaccination or inoculation is a matter of individual responsibility.

Just at this time, when children are out of school and off to camp or picnic party, when all of us are looking to the streams, lakes, beaches or mountains for rest and recreation, in short, when vacation time is at hand with its changes of water and food supply and the attendant dangers of infection, it is especially urgent that this individual protection be had.

Almost any school child can tell of the value of antityphoid vaccination and its effectiveness in eliminating typhoid fever from the army, yet all too often, that child and his parents go unprotected on their vacation trip, typhoid is contracted and disaster follows.

The State Board of Health furnishes free vaccine and any physician can give it. A word to the wise is sufficient.

NOTES FROM THE DISTRICTS

A potential outbreak of smallpox at Miami Beach, investigated by Doctor C. R. Weirich, District Health Officer, on May 16th, was prevented by the prompt and effective precautionary measures put into effect by Doctor C. F. Roche, City Health Officer. A large number of people who developed a suspicious eruption were suspected of having smallpox, but the rash was found to be due to some irritant that had come in contact with the skin.

A similar menace of smallpox at Valrico was investigated on the 16th of May by Doctor E. J. Schwartz, District Health Officer in district number three, who promptly vaccinated all contacts and, it is believed, prevented the occurrence of other cases.

It cannot be too often repeated or too forcibly emphasized that vaccination is the best and the only effective means of preventing smallpox.

* * * * * * *

Very gratifying response to the offer of immunization to diphtheria, typhoid and smallpox was experienced in three areas in which the work had been completed. In St. Johns and Putnam Counties, Dr. E. J. Schwartz completed the work, Dr. W. S. Nichols gave the treatments in Alachua county and Dr. C. R. Weirich put on the program in Osceola County.

Florida has no compulsory vaccination law. The state declines to assume that responsibility, but places it on the individual where it belongs.

"The index of community intelligence is represented in the percentage of voluntary vaccination. Only children and fools MUST be protected against smallpox." (Ohio Health News.)

BUREAU OF COMMUNICABLE DISEASES—(Cont.)

"To refuse vaccination is to decline a personal benefit; to oppose it is to lay our country open to one of the greatest scourges of all mankind." (Saratoga Springs New York Bulletin).

"No matter how watchful a health department may be, cases of smallpox will continue to come from outside and to expose our people to infection before they are discovered. **The only protection is vaccination.** A vaccinated population need have no fear of unexpected exposures, nor be inconvenienced by long and expensive quarantine or interference with the normal course of business and recreation." (Weekly Bulletin, New Mexico Bureau of Public Health).

* * * * * * * *

Dr E. J. Schwartz, until recently with the Ohio State Board of Health, took up the duties of District Health Officer in the Tampa district on May first.

T.B., M.D., N.G.

A weak, sentimental M.D.
Had a patient with early T.B.
He called it a "Cold",
And the lie that he told
Catalogued this M.D. as N.G.
—Anon.

The M.D. got his fee,
Gave his Rx. for Hg.,
Overlooked the good fare,
Complete rest and fresh air,
So, alas, the T.B. up and DD.

BUREAU OF ACCOUNTING

Screven Dozier, Auditor

RECEIPTS

Balance after paying February, 1925 accounts	$31,661.87
March, 1925 Receipts	16,686.23
Total	$48,348.10

DISBURSEMENTS

March, 1925 Disbursements	$15,756.09
Balance	$32,592.01

DISBURSEMENTS FOR MARCH, 1925, ITEMIZED

Administration	$2,918.58
Engineering	2,494.55
Laboratories	2,297.76
Child Welfare	1,515.89
Orthopedic	506.80
Vital Statistics	2,144.47
Multigraph	157.12
Biologics	2,017.20
Communicable Disease	1,703.72
	$15,756.09

CHILD WELFARE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

ONE BIG ESSENTIAL

Recreation is essential to child life; it demands at least a place, a space, for it. But in congested city life the family backyard has gone and the city street only is left. Training for work is needed, but there is far less in the city family life which children may learn to do; there is, therefore, more leisure time. If boys and girls do work outside the home, it is done for pay, at kinds of work which teach nothing of value for future work, but at rates of pay relatively high as compared with the wages of adult workers. Thus city youth often has too much money and too little training for future vocation. He is individualized in spending for pleasures, but is not trained toward future earning for necessities; his pleasure wants govern his age of restless growth, not the discipline of sharing in common economic activities and obligations. Such facts as these suggest the difficulty which the modern family faces. It is harder for parents to control children today; yet the wages of half the adult city population is so small as to tempt mothers to earn as well as fathers, thereby weakening control when it needs to be strengthened.

Evidently, to preserve the family and strengthen its standards, the community as a whole must play a part. What could once be accomplished by each family often needs today the support at least of other agencies. The leisure time of boys and girls calls for community action in the form of playgrounds, boys' and girls' clubs—such as the "Scouts"—and similar large group arrangements. The chance to learn how to work—vocational training—is one of the most serious needs of child life, still largely unsolved in spite of much discussion. Witness the effort of boys and girls to find summer work; study what they have to offer and what is offered them. The family cannot solve this problem alone.

Ignorance within the family is itself one of the most serious of community problems. Such ignorance manifests itself in a heavy death rate of mothers and children, in a failure to understand or value the education of the school, in an utter indifference to child companionship, to the building of habits, the guiding of ideals. Such ignorance is not to be cured by the school alone, but more directly by those community agencies of health and morals which can touch the isolated life of mothers and the unsocialized life of fathers.

The tendency of mankind is to lump together all the people it doesn't like or is not interested in, as though they were all alike. So defective, dependent, delinquent, backward, listless, vicious, ignor- and children, dependent, delinquent, backward, listless, vicious, ignor- families, fatherless or motherless families, feeble-minded families, alcoholic families, illegitimate families, immigrant families, poverty stricken families, are thrown into a common heap and called the unfit or the unfortunate. But this is the counsel of ignorance. All progress in the treatment of social ills comes through individualization, and prog-

CHILD WELFARE AND PUBLIC HEALTH NURSING—(Cont.)

ress in the treatment of social ills comes through separating case from case, studying family after family, differentiating one condition from another, and thereby discovering the inner nature of the specific problem of each. But always the thought should be in mind that, if conditions are such as to make family life wholesome so that good standards can be maintained, the welfare of children is largely assured. Other arrangements may be suggested to meet the economic facts involved in child life; the school may take over more and more of the physical and intellectual education of children; but moral and spiritual life and growth are founded and nourished in the family as in no other way, and it is safe to say that there is no other possible social relationship which can take its place.

THE ABOVE IS CONTINUED FROM LAST MONTH, "THE FAMILY AND CHILD WELFARE", BY WALTER GREENWOOD BEACH.

BUREAU OF SANITARY ENGINEERING

E. L. Filby, Chief Engineer

YOUR SUMMER BOARDERS

Summertime, once again has arrived, and the annual hustle and bustle of getting ready to leave home for that seashore resort or cottage on the lake or the mountain has started. Other folks have started to receive you and are putting their homes and hotels into shipshape order. But visitors are coming to see you also—didn't know that—well some of these nice warm evenings when you are "strolling down the shady lane with her hand in mine"—your old-time friend Mrs. A. Mosquito will attempt to break up your pleasant evening. Beware of the females for even as Kipling quotes—"the female is the deadlier".

Before you leave home have you left things in proper shape to entertain Mr. and Mrs. Mosquito this summer? Surely you will allow them to use your home as a summer resort. Have you left that old flower pot half full of water for them to swim in and lay their eggs? How about the old buckets, tin cans and auto tires scattered about, can they catch and hold water? How about the water pitcher up in your spare room, is it filled so as to welcome the few mosquitoes you have left behind in the house! How about the soft water cistern, can they get into it and that jar of water with the poseys in it standing on the porch? How about the rain water barrel and the dog pan? Everything set for a ready welcome to Mr. and Mrs. Mosquito? How about the roof gutters—are they clogged up with trash or running free?

STOP, LOOK, LISTEN, AND THINK
FOR YOUR NEIGHBORS SAKE

Start now and put all sorts of containers where they will not catch and hold water—turn them upside down in the simplest way—clean up the tin can pile by burying them—empty all pitchers, flower bowls and by the way, pour a little kerosene into the top of the water container in your toilet—empty that rain barrel and turn it upside down—get your boy scout son to do his act of aiding the local health authorities by eliminating all breeding places about your place before you leave.

Do not leave until you are certain you are NOT leaving breeding places for mosquitoes behind you. Oh the grass will grow and the weeds accumulate but just remember—water standing five days affords excellent chances of a fine crop—of mosquitoes.

And where are you going to spend the summer—do they pass the quinine there because the city officials have "passed the buck" about controlling mosquitoes? When you sit out on the veranda do you enjoy that after dinner smoke or do you smoke to create a screen against the mosquitoes? Do they buzz or hum or is the night so free from annoyance that you can tell what the wild waves are saying? Scout around with a ten cent store dipper, take your exercise by walk-

BUREAU OF SANITARY ENGINEERING—(Cont.)

ing with a dipper for a companion, you'll be surprised at what a dipper will show you. Ever see how many wiggle tails you can get at one dip—how many different varieties also—way better than dummy bridge. Scout around, scan the edges of that pond or lake up in the marshes and along the edges of the brook or run where the weeds thrive.

Nine chances out of ten you can be of great service to yourself and your companions by finding mosquito breeding places and then you can answer that front porch chatter of "where DO they come from?"

Tell the world what your home town is doing to eliminate mosquitoes—how it is draining the low marshy places, filling in other low places along the river or creek—how it has cleaned up the "home raised" brand of mosquitoes by a thorough cleanup of cans, back yards, gutters, cemeteries (decorative flower vases on graves), etc. Tell them how your town cleaned the edges of a pond and stocked it with Gambusia—a top minnow that eats the wigglers after they hatch out of the eggs. Mrs. Mosquito lays on the pond surface. Tell them how they oil, with a mixture of one part kerosene and three parts crude oil, all standing water once a week.

Tell the folks that city limits don't worry your town skeeter chaser, that you extend your fight on the mosquito a full mile beyond the limits—your front line trenches are way back in the woods and then you can rear back in your porch chair and in a self satisfied tone announce to the assembled crowd that your home town is a "Durn good place to live in."

By the way—better play safe—take these typhoid "shots" now—one every Saturday now for three weeks then you will ride safely over a chance infection this summer.

Mosquito workers—try this:

Take equal parts of kerosene and waste crank case oil from your garage, plus sawdust. Put sawdust into an oil tight vat (old bath tub will do nicely) completely cover with oil mixture and allow to stand four or five days.

Put sawdust into water proofed bags and sow broadcast like grain among the hyacinths, ponds, etc. It will save time and health—is far more successful than spraying a large pond or hyacinth bottom.

ASK US FOR FULL DETAILS

BUREAU OF SANITARY ENGINEERING

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING APRIL 1925

	Jackson-ville	Tampa	Pensa-cola	Miami	Talla-hassee	Total
Animal Parasites	1554	1111	39	63	35	2802
Diphtheria	212	434	21	31	11	709
Typhoid	153	255	37	16	45	506
Malaria	225	255	35	18	84	617
Rabies	14	11	.....	10	.....	35
Tuberculosis	189	106	15	21	12	343
Gonorrhoea	240	172	55	26	9	502
Syphilis	1898	613	.....	.....	.....	2511
Water: Bact. Exam.	.....	35	.....	24	1	60
Water: Chem. Exam.	.....	.....	.....	.....	1	1
Milk: Bact. Exam.	40	21	4	204	6	275
Milk: Chem. Exam.	40	21	4	412	6	403
Miscellaneous	25	8	9	3	13	58
	4590	3042	219	828	223	8902

Specimen Containers Distributed During April, 1025 6784

BIOLOGICAL PRODUCTS SENT OUT DURING APRIL, 1925

Diphtheria Antitoxin	10,000 units	98
	5,000 units	48
Toxin Antitoxin		1153 C.C.
Schicks		1200 & Control
Tetanus Antitoxin	20,000 units	6
	10,000 units	6
	1,500 units	120
Typho Bacterin	PLAIN	1736 Packages
	TRIPLE	381 Packages
Vaccine Virus		2410 Points
Antimeningococcus Serum		7 Cylinders
Antirabic Virus		39 Treatments
Carbon Tetrachloride		1645 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO THE LABORATORY

HERE AND THERE

Smallpox epidemics are prevented only by vaccination against the disease. The proper time to be vaccinated is when the disease is not present in epidemic form. If you have not been vaccinated recently, successfully, get vaccinated immediately and have the rest of your family do likewise.

* * * * * * *

SOME BIG LITTLE PESTS

"The fly, the louse, mosquito and flea
Are as bad a lot as they can be;
Their manners are bad, their bite is worse,
They carry contagion to man as a curse.

Typhoid and typhus, malaria and plague,
They carry about in a way not vague,
They gather up germs on soles of their feet,
To spread them about wherever they eat.

They do not originate, that's not the plan,
But act as a carrier from man to man;
Protect all the people from pests like these;
Contagion will die—as fear of disease."

Journal of Health and Sanitation.

* * * * * * *

The United States Public Health Service has issued a bulletin warning against the use of the bunion pad as a shield or dressing following vaccination for smallpox. A number of fatal cases of tetanus have been traced to the use of these pads. The vaccination wound should not be protected by a shield. It should be allowed to dry entirely before the clothing is permitted to cover it. Then do not tamper with the healthy scab. If it is necessary to protect the wound, use six or eight thicknesses of STERILE gauze, two to two and a half inches square, held in position by a strip of adhesive tape above and below.

* * * * * * *

A good representation of the State Board of Health personnel was in attendance at the meeting of the Florida State Medical Society in St. Petersburg, May 19th and 20th, where many interesting papers were presented. The men attending this meeting returned enthused over the valuable information gleaned and because of the many pleasant contacts made with the State medical men. State Board of Health doctors attending the meeting of the Florida Medical Association were Doctor B. L. Arms, Doctor F. L. Fort, Doctor F. A. Brink, Doctor C. R. Weirich, Doctor E. J. Schwartz and Doctor W. S. Nichols

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

BIRTH REGISTRATION IN FLORIDA

Since January 1, 1924, the State of Florida has been acting as godfather to every child whose birth is legally registered. A booklet, bearing the name of the parents, date of birth and page and book number on which the record may be found, is sent to the mother by the Florida State Board of Health upon receipt of the baby's birth certificate. In this booklet, may also be found some reasons for the importance of these records.

This notice of birth registration is of as unquestionable value and should be preserved with as great care as the diploma which he will receive when he graduates from college twenty years later. In fact, many a person on receipt of his diploma unties the shining satin ribbon, takes one long look at the unfurled sheet before him to satisfy himself that it is indeed his own name inscribed thereon beneath the seal of his Alma Mater among the signatures of such illustrious men as the president, secretary and dean of the college, then rolls up the sheepskin again, and stores the diploma away so carefully that he "knows he has one, but doesn't know just where it is".

It is not often that one is asked to show a college diploma, but several are the situations during the average life in which a person is called on to identify himself as to age and citizenship. This birth registration notice suffices for ordinary purposes. In legal disputes however, it is not sufficient—the law provides for a certified copy of the original birth certificate. This notice of birth registration is, in brief, a formal acknowledgment that the baby's birth has been duly registered with the Florida State Board of Health in accordance with the law which requires that every birth in the State of Florida must be reported within ten days by the physician or person in attendance, to the Local Registrar, who at the end of each month, mails all such reports of births occurring within his district to this department where they are kept on file in a fire-resisting vault. It is from this record that the information is taken which appears on the notice of birth registration sent to the mother.

The Florida State Board of Health is as prompt as possible in acknowledging, by this little gift, the announcement of the baby's birth registration. But various factors contribute toward delay in the issue of the notices. If the baby is born early in the month, it is a matter of several weeks before the birth certificate is received. Illegible handwriting and incorrect spelling of the names by the physicians and others on the original birth certificate results in the return of many of the notices for correction. That these certificates are prized by the parents is evident from the desire to have them correct. The value attached to them is also apparent in the many requests which are received for notices of birth registration for older children.

BUREAU OF VITAL STATISTICS—(Cont.)

Many letters have been received, indicating the appreciation of the parents for this service. The following are typical, "Would appreciate your sending me one of the birth certificate folders which you issue", "Please accept my appreciation for your courtesy", "We appreciate your kindness in sending it", "Thank you for the birth certificate of my child", "Many thanks for certificate of birth registration", "I am planning on going away for a while and would like to have this certificate to put in our safety deposit box".

The Michigan Department of Health recently emphasized the importance of birth registration in an article similar to the above.

IS YOUR BABY REGISTERED ? ? ? ? ?

CAN WELL TAKE BABY'S TEMPERATURE EACH DAY

While it is not absolutely essential that the baby's temperature be taken every day, especially if the mother is one of the nervous kind who telephones the doctor when the baby has half a degree, it is a good practice to keep for the first few months in order to prevent unusual conditions arising, says Velma West Sykes writing for young mothers in Hygeia, popular health magazine published by the American Medical Association.

A baby may have a slight fever and not be ill at all, but if he shows several degrees, the cause may be determined and remedied before the baby has a chance to become really sick.

For taking temperature, the bulb thermometer inserted gently in the rectum, never pushing hard for fear of rupturing the tissue, is used. The normal temperature of a baby is the same as an adult—98.6.

NEW LOCAL REGISTRARS APPOINTED

Number	Name	Address
19-06	Mr. I. H. Swindal	Route 1, Sydney, Fla.
20-03	Mr. James A. Hussey	Ponce de Leon, Fla.
37-047	Mr. J. H. Meyers	P. O. Box 325, Boynton, Fla.
44-047	Mr. L. A. Harrison	Jay, Fla.
45-03	Mr. Chas. I. Matthews	Longwood, Fla.
52-02	Mrs. Pearl Chancy	Caryville, Fla.

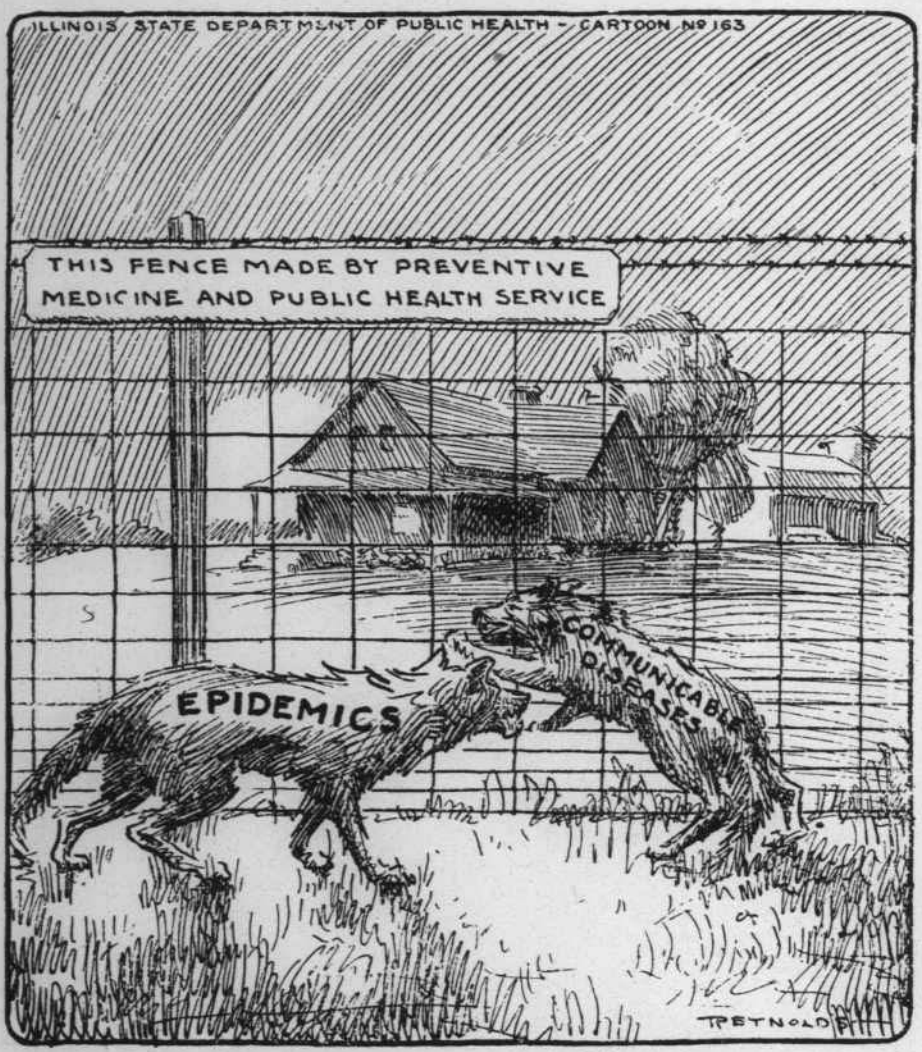
BUREAU OF VITAL STATISTICS—(Continued)

Births (Exclusive of Stillbirths), and Stillbirths by Color and by Municipalities. 1924.

MUNICIPALITIES	Total Births	Total Still-Births	White Births	White Still-Births	Col. Births	Col. Still-Births
Municipalities over 100,000 Population						
Jacksonville	2,379	243	1,435	60	944	183
Municipalities 10,000 to 100,000 Population						
Key West	367	29	292	21	75	8
Miami	1,660	137	903	61	757	76
Orlando	474	29	331	10	143	19
Pensacola	727	49	543	27	184	22
St. Petersburg	505	41	392	16	113	25
Tampa	1,712	112	1,410	56	302	56
West Palm Beach	472	36	304	16	168	20
Municipalities 5,000 to 10,000 Population						
Daytona	176	16	98	4	78	12
Fernandina	58	5	31	1	27	4
Gainesville	242	11	167	5	75	6
Lakeland	362	19	318	11	44	8
Ocala	184	2	112	1	72	1
Palatka	152	12	79	5	73	7
St. Augustine	239	24	182	9	57	15
Sanford	204	13	112	4	92	9
Tallahassee	135	14	82	7	53	7
West Tampa	269	20	226	11	43	9
Municipalities 2,500 to 5,000 Population						
Apalachicola	82	5	47	3	35	2
Arcadia	100	4	81	3	19	1
Bartow	98	5	62	2	36	3
Bradenton	96	2	63	2	33	0
Clearwater	61	6	39	4	22	2
DeLand	110	0	80	0	30	0
Fort Myers	146	17	112	15	34	2
Kissimmee	89	4	71	2	18	2
Lake City	98	10	61	6	37	4
Live Oak	55	8	31	2	24	6
Marianna	73	6	31	2	42	4
Palmetto	65	2	37	1	28	1
Plant City	145	7	100	1	45	6
Quincy	88	8	50	4	38	4
Sarasota	73	8	52	5	21	3
So. Jacksonville	123	6	85	3	38	3

Births (Exclusive of Stillbirths), and Stillbirths by Color and by Municipalities. 1924—(Continued)

MUNICIPALITIES	Total Births	Total Still-Births	MUNICIPALITIES	Total Births	Total Still-Births
Municipalities 1,000 to 2,500 Population.					
Blountstown	24	4	Leesburg	80	6
Bonifay	60	2	Madison	60	4
Brooksville	33	4	Manatee	54	3
Carrabelle	30	1	Millville	61	7
Chipley	55	8	Milton	82	6
Cocoa	47	4	Monticello	52	2
Cocoanut Grove	48	3	Mulberry	14	0
Crystal River	11	0	New Smyrna	82	3
Dade City	38	0	Ormond	18	1
Daytona Beach	9	0	Palm Beach	4	2
DeFuniak Springs	50	0	Panama City	54	3
Delray	49	8	Perry	74	0
Dunnellon	30	4	Port Tampa City	28	3
Eustis	51	3	Punta Gorda	36	6
Fort Lauderdale	126	6	St. Andrews	28	2
Fort Meade	35	5	St. Cloud	9	0
Fort Pierce	114	15	Starke	27	4
Green Cove Springs	44	0	Tarpon Springs	72	5
High Springs	81	12	Titusville	47	0
Homestead	50	0	Wauchula	101	8
Inverness	16	1	Williston	12	3
Jasper	14	1	Winter Garden	46	0
Lake Helen	17	0	Winter Haven	87	2
Lake Worth	69	3	Winter Park	30	0
Municipalities 500 to 1,000 Population.					
Alachua	24	1	Jennings	10	1
Apopka	25	0	Lake Butler	15	1
Auburndale	32	1	Lake Wales	63	1
Avon Park	39	2	Largo	13	0
Bowling Green	34	0	Lynn Haven	15	4
Branford	7	0	Mayo	9	0
Bunnell	19	2	Melbourne	14	2
Callahan	20	2	Miami Beach	5	0
Cedar Keys	23	1	Micanopy	14	1
Center Hill	14	0	Moore Haven	36	3
Citra	6	1	Mount Dora	22	1
Coleman	20	1	Newberry	18	1
Crescent City	25	0	Noma	15	0
Crestview	25	1	Okeechobee	60	0
Dania	29	1	Orange City	3	2
Dunedin	16	0	Pompano	52	1
Eau Gallie	9	1	Seabreeze	4	0
Ellenton	15	0	Sebring	55	2
Graceville	16	0	Stuart	36	4
Greenville	12	0	Umatilla	28	0
Haines City	47	6	Vero City	41	3
Hastings	34	2	Waldo	24	0
Hawthorn	6	0	White Springs	26	3
Hilliard	20	5	Wildwood	15	0
Holt	13	1	Zephyrhills	10	0



KEEPING THE WOLF AWAY FROM THE DOOR.

LIBRARIAN HYGIENIC,
LABORATORY,
25TH & EAST STREET
WASHINGTON, D.C.

HUMAN LIFE IS THE STATE'S GREATEST ASSET

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FLORIDA



HEALTH NOTES

OFFICIAL BULLETIN

PUBLISHED MONTHLY BY THE

STATE BOARD OF HEALTH

Entered as Second Class Matter, October 27, 1921
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VOL. 17 JULY AND AUGUST, 1925 No. 8

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

THE BOARD

HON. CHAS. H. MANN . . . . . President, Jacksonville
H. MASON SMITH, M.D. . . . . Tampa
WM. D. NOBLES, M.D. . . . . Pensacola

ADMINISTRATION

THE NEW STATE BOARD OF HEALTH

Sometime after the adjournment of the Legislature Governor Martin announced his appointments for the State Board of Health, Mr. Chas. H. Mann, Jacksonville, Dr. H. Mason Smith, Tampa, and Dr. W. D. Nobles, Pensacola. Mr. Mann was a member of the retiring board while the other two were new appointees.

The board met at Tallahassee, Saturday, July 18th, to organize and Mr. Mann was chosen president of the board for the next two years. Governor Martin discussed the needs of health work with the members and all agreed that the continued growth of the State depended largely on the continuation of the present freedom from outbreaks of communicable diseases and the insistence that Florida shall be known throughout the country as a state that not only cares for the health of her citizens but also for the health of her visitors. On account of the great number of tourists who visit us special care must be taken to guard against the introduction of disease.

To avoid the occurrence of cases of preventable diseases the Bureau of Communicable Diseases has outlined an extensive immunization program that will be offered to all parts of the state and it is hoped that it will be freely accepted. The program includes protection against diphtheria, typhoid and smallpox and no one knows when we may be visited by the virulent type of smallpox that has been prevalent in many sections of the north in the past few years where there has been a mortality of 20 to 40 per cent. of the victims.

The auto tourist camps are a tremendous problem in this state and they require constant supervision to keep them sanitary and safe.

Cooperating with the United States Public Health Service there will be a thorough sanitary survey of all shell fish areas in the State.

Governor Martin realizes the great responsibility placed on the board and is heartily in accord with their plans for safe-guarding the health of the people.

Due to the fact that the board desired time for consideration as to the successor of Dr. R. C. Turck, State Health Officer, Dr. B. L. Arms of the Bureau of Laboratories, was appointed Acting State Health Officer from August 1st, 1925.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

HEALTH HALL OF FAME.

Professor R. M. Evans, Principal of the Quincy school, has an effective method of interesting his pupils in hookworm eradication.

He said that for good reasons he chose not to establish in his school a "Hall of Shame" and post in it the names of those who, through neglect or false pride, failed to submit specimens to be examined for evidence of hookworm disease or who did not bother to take treatment, after finding that they were hosts to this parasite. Instead, he opened what he called a "Hall of Fame" by posting in a conspicuous place a list of those whose specimens, either before or after treatment, were found to contain no evidence of hookworm disease. By frequent reference to the list and to the serious physical and mental handicap, placed on the hookworm victim, the Professor induced a number of children to submit specimens and take hookworm treatment.

More, perhaps, than any other public worker, the teacher has an opportunity to teach the value of health measures such as hookworm cure and prevention, malaria and mosquito control, use of individual drinking cups, habits of cleanliness, caring for the teeth, selection of suitable food, correction of physical defects and many others.

Teachers everywhere are finding that teaching health does not add to their burdens, but often lightens their work by virtue of the mental alertness of healthy pupils.

RABIES.

On request of local authorities Dr. E. J. Schwartz, District Health Officer, visited Dade City on May 28th and assisted in preventing the spread of infection from a rabid dog that had invaded the city, after traveling at least ten miles through the country. The rabid animal and all cats and dogs found running at large had been killed. Owners of dogs and other animals in town and along the probable path of the rabid dog were advised to watch their stock carefully and immunization against rabies was recommended. This is but a single example of what happens many times each year in Florida and all over the country when an animal running at large becomes rabid and sets out upon a brief career of damage and destruction to human life and property.

A human death from rabies is dreadful and quite unwarranted. Every cat and dog running at large is a source of danger. Worthless animals should be humanely killed and the others restrained, muzzled or immunized. Any veterinarian can attend to the immunization and an animal that is not worth the cost might as well be placed in the worthless class and destroyed.

BUREAU OF COMMUNICABLE DISEASES—(Cont.)

An animal suspected of being rabid should not be killed after it has bitten another valuable animal or a person, if it can be captured and securely fastened by a chain in a kennel or enclosure where no other animal or person can have access to it. If it has rabies, paralysis will develop and the animal will die, usually in four or five days. If no paralysis develops and the dog is alive and well at the end of two weeks, the disease is not rabies and the animal may be released.

Pasteur treatment of persons bitten may begin at once and be discontinued later, if found to be unnecessary.

CREEPING ERUPTION.

A second clinic for the study of "Creeping Eruption" or larva migrans was conducted at the State Board of Health building, Jacksonville, July 10th to 20th. Dr. J. L. Kirby-Smith conducted the clinic in co-operation with the State Board of Health. Associated with him were Doctors G. S. White and W. E. Dove, Department of Agriculture Entomologists and many local and visiting physicians.

The investigation is not completed, but will be continued through the summer to discover, if possible, the life history of the parasite and ways to prevent its attack; nevertheless definite progress has been made and the more effective of all the treatments proposed and tried are here given.

FREEZING METHOD: An area two or more inches in diameter with its center at the probable site of the parasite is frozen with a spray of ethyl chloride, or the freezing may be done with a mixture of ice and salt, which should remain on the area for a few minutes or until slight freezing of the skin. The surrounding skin may be protected with several thicknesses of brown paper through which has been cut a hole the size of the area to be frozen; the layer next the skin should be well greased with vaseline.

ETHYL ACETATE METHOD: An area as suggested above is covered with flexible collodion from which the ether has evaporated and been replaced with ethyl acetate (acetic ether). If the skin is thick and hard as on the soles of the feet, 4% of salicylic acid may be added to the collodion solution. Pure ethyl acetate may be applied on absorbent cotton which should be covered with rubber tissue, edges held down with adhesive plaster, to prevent evaporation. This treatment may be applied after freezing.

Obviously, it would not be good practice to cover with collodion an area that has become infected or inflamed as the result of injury wrought by the parasite or by scratching. Such areas should be cleaned and mild antiseptic applied. In experimenting with treatment of this eruption, care should be taken to avoid applying drugs of such character or strength as to do greater damage than that wrought by the parasite itself.

BUREAU OF COMMUNICABLE DISEASES—(Cont.)

PREVENTIVE MEASURES: The following preventive measures are recommended: do not sit, lie down or go barefooted on wet ground or wade in shallow ponds or mud after the rainy season sets in. Parts that have been in contact with wet soil should be thoroughly scrubbed with soap and water and rubbed with alcohol. The application of chlorinated lime or quick lime to wet soil or sand in which children are likely to play may be tried as a means of destroying the larva.

NOTES FROM THE DISTRICTS.

The immunization program put on in Osceola county by Doctor C. R. Weirich, District Health Officer, occupied all of May and a part of April and June. Six hundred and eighty pupils (680) white and colored, were given the Schick test. One hundred forty-nine (149) were found susceptible to diphtheria and immunized, together with twelve (12) children who did not take the test. Five hundred eighty-eight (588) typhoid injections were given. One hundred eighty-two (182) persons took all three injections, nine (9) took the first two only and twenty-four (24) took but one each.

In conjunction with this work twelve hundred forty-two (1242) children were given medical inspection and seven hundred fifty-five (755) found with one or more defects. Eight hundred sixteen (816) specimens were submitted to the State Laboratory for examination and three hundred thirty-four (334) of these contained hookworm ova—evidence of hookworm disease.

The county nurses gave excellent cooperation and the children of the county are certain to be greatly benefited by the activities of the health workers.

NOTES FROM THE DISTRICTS.

Upon completion of his May program in Alachua county, Doctor W. S. Nichols, District Health Officer, reports as follows:

Schick tests, 44; toxin anti-toxin injections, 73; typhoid injections, 842; smallpox vaccinations, 95.

During the month a number of conferences were held and public talks given, four cases of communicable disease were investigated and the patients isolated. The number of immunizations is not an adequate index of the value of this work which gives the people of a community a chance to observe the harmlessness and preventive value of the inoculations. Many go to the local doctors for immunization after the Health Officer has gone and a much larger number will be eager for it upon his next visit.

BUREAU OF SANITARY ENGINEERING

Ellsworth L. Filby, C. E., Chief Engineer

THE KIDS CAMP

Well that's over—the sweet girl grad and the supercillious, world conqueror graduate have scattered forth to collect knocks and slams from this hard-boiled old world of ours. And the kids, Mary and Jim, are home from High with a, "what shall I do," expression.

"How about a camp?"

"Can I go to camp, Mother?"

"How about it, Dad, can we squeeze that extra from our income?"

"If Mother will forego that new dinner gown why Dad will just use that old set of golf clubs and the public links this one more season instead of joining the Wykygly Club, then, well—Oh! let's get out the catalogues and the magazines."

"Oh! Dad, here's a fine place, plenty of good eats, dandy swimming place, athletic director, and—

"Look at the mountains in this one Ma, and the horse back riding and tennis courts.

"Oh! Boy, look at this one, Dad, boxing matches, overnight hikes, good tents, with floors, no mosquitoes."

"Mother, just look at this place, canoeing, folk dancing, hiking over the hills and everything."

"Well, kids, let's stop a minute."

"Mary, now let's take that Camp Laf-a-lot and Jim that camp Apolake, you have now—first the location—is it on a high well drained slope so that in case of a long wet spell it will drain off readily and not get wet and boggy—is the water supply safe to drink, is it from a well or spring and has it been inspected and approved by the State Board of Health—what sort of milk is used—is it from clean, tuberculosis free cows and pasteurized as a safety factor—what sort of sewage disposal have they—flush closets and septic tanks or sanitary privies or what? Have the kitchen and dining room been screened against flies and have the cooks and other help been examined and found not to be typhoid carriers? Do they have mosquitoes at these camps, and, if so, are they the kind that transmit malaria? How about the swimming hole—any sewage go into the lake from any source—have they Red Cross Life Guards on duty during swimming hours—how near is the nearest physician—have they made provisions for a sick ward so that any ill child can be isolated? How about these overnight hikes—do they know the place they are hiking to have safe water to drink and a decent place to sleep? Is there any method of fire protection at the main camp site?"

HAVE YOU CONSIDERED THESE POINTS FOR YOUR BOY'S AND GIRL'S CAMPS?

BUREAU OF SANITARY ENGINEERING—(Cont.)

"THEY ARE DOING IT."

The cycle changes—Man has in the past been instrumental in putting some sanitary measures on the law books—probably in obedience to orders from home—and there he has sat tight—Let George do it—or sometimes—Let the State Board of Health do it—referring to enforcement of the laws.

Well, "George" forgets and the State Board of Health does what little it can with six or seven men to do all sorts of sanitary work—a job requiring at least twice as many men with twice as much time at their disposal.

City Health Departments, Women's Clubs, Improvement Associations, etc., all help to get these very right and just laws enforced, but unless public sentiment joins our ranks—our efforts "availeth little."

And now—Broward County Federation of Women's Clubs ANNOUNCES:

"The Federation intends to see to it that the sanitation laws are not wholly disregarded. A pamphlet embracing the laws is being sent out—and,

Whereas, Owing to the pioneer conditions existing in Broward County in conjunction with Southern Florida, citizens are lax in complying with the sanitary laws of Florida now upon the statutes due, principally, to ignorance of the existence of such laws, or, if aware of them are careless in their civic duties regarding them.

BE IT RESOLVED, That those sanitary laws that have been published in the Fort Lauderdale Sentinel and the Hollywood News in the State of Florida, be reprinted in pamphlet form and that copies be sent to all owners of hotels, boarding houses, restaurants, lunch counters, meat shops, butcher shops, grocery stores, fruit stands, all bakeries, confectioneries, candy factories, ice cream parlors, soft drink stands, places using soda fountains, delicatessen, markets and places where milk is bottled and prepared for sale, and such other places or establishments as is deemed necessary, by the Broward County Federation of Women's Clubs. Also, be it,

RESOLVED, That a committee be appointed by this club in each village, town or city in Broward County which shall distribute such pamphlets by mail, and that they shall be empowered to mail a second pamphlet to all those who continue to violate the sanitary laws, after the first notice has been sent out. Also, be it,

RESOLVED, That all persons or corporations who fail to obey sanitary laws after a second notice has been sent to them, that their names and violations shall be notified to the district officer for his settlement."

The laws listed are:

Chapter XII, Article I,

Section 2153—Kitchens of hotels and restaurants to be screened.

BUREAU OF SANITARY ENGINEERING—(Cont)

Section 2154—Food exposed for Sale to be screened.
Section 2155—Duty of Owners, Tenants and Operators to Keep Flies Out.
Article 12,
Section 5627—Nuisances Injurious to Health.
Section 5624—Penalty as to Violations.
Florida State Board of Health—Rules, Regulations and Instructions.
Instruction No. 46—Sec. 1. Places Where Food is Exposed Shall be Kept in a Sanitary Condition.
Sec. 2. Protection from flies and insects.
Sec. 3. Dining Rooms, Bakeries, Markets and Other Places shall be screened.
Instructions No. 48—Relative to Garbage and Refuse.
The foregoing information is listed as

A NOTICE AND A WARNING.

Congratulations! Broward County Federation and especially the Committee on Sanitary Publicity. We are with you in full strength.—Let's Go and Keep Going!

OUR HOBBY.

Not a horse like our President's, but a folder—an advertising folder—this time. It is our plan to have erected at the Florida line where the five main traveled highways enter the state—large signs or arches welcoming the traveler by auto and asking him to stop within 500 feet for the purpose of taking a road traffic census. Here he will be greeted by an official representative of the State and officially welcomed. An attractive 8 page folder, each page 4" x 9" will be presented containing information about Florida. There will be a greeting from the Governor on the front page, then the State Board of Health will have some general health data and a list of the certified tourist camps. The Highway Department will have road information as to speed laws—road courtesies, license costs and limitations of time, etc. Also there will be inserted a road condition map of Florida as of July 1st, 1925. The Agriculture Department will have two pages of agricultural information and the State Fish and Game Department will have a page of the Fish and Game laws. This little "concentrate" of information will welcome the newcomer—it will give him concrete, definitive information and tell him where he can get more complete data. In return the traveler will be asked where he is from—where going and whether he is on business or pleasure. We are interested in keeping Florida's health excellent and acquaint those coming of our activities. We believe this will create a wholesome respect for state laws and we will be fulfilling our Southern traditions as a delightful host. We have received very favorable press comment on our plan and also some letters which we appreciate. The start has been made to do something no other state ever attempted. Let us make a success of it—Florida leads.

CHILD WELFARE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

"SIGHT CONSERVATION."

Of all the misfortunes which befall the human race, nothing so stirs the sympathies as blindness. Particularly is this true of children, since one can instantly visualize a long life of almost absolute dependence on others for even the common necessities of life.

Great progress has been made in the care and education of the blind but obviously, even with the maximum of education there can never be independence.

The first school for the blind to be established in the United States was opened in 1831 when a system of education for those who must learn to see with their fingers was begun. From this period to 1909 the work was continued along the same lines. In 1910 a casual happening brought to Mr. Robert B. Irwin of Cleveland, Ohio, the need for a change. Two children with defective vision who could not keep up with the regular work in the public school grades were sent to Mr. Irwin's class and were given the same equipment for their study as that used by the blind children. The results proved very unsatisfactory. At this time there came to Mr. Irwin's attention the work being carried on in England by Dr. N. Bishop Harman who had established classes for myopes (near-sighted children) arranging special equipment for their particular needs. By carefully watching effects and progress made, Mr. Irwin became convinced that only by being placed in an entirely separate group with different equipment and different environment could the conservation of vision be accomplished. From this period to the present time progress has been made in the conservation of sight. It has been an exceedingly slow process for various reasons. The cost of special equipment for a class room and the employment of a special teacher who understands the needs of her pupils and the methods to be employed, and the lack of knowledge on the part of the general public of the constructive work that can be done in a sight saving class. It is a matter of common knowledge among health workers in schools that there is an alarmingly high percentage of cases of defective vision who daily are obliged to compete with the child of normal vision in class rooms and study halls. The only reason that we can advance for the apparent apathy on the part of parents and teachers regarding this condition is that to their unskilled eyes there is nothing to indicate a departure from the normal. Rarely are cases of inflamed lids or other diseased conditions which are readily noted, permitted to continue without treatment of some kind. Health workers therefore are faced with the responsibility of the education of not only the teachers and those intimately concerned with the education of the child, but the general

CHILD WELFARE AND PUBLIC HEALTH NURSING—(Cont.)

public who in the last analysis must furnish the funds for the system of education which is intended to fit children for the responsibilities of independent future citizenship.

The selection of children for sight conservation classes should be made only after careful examination and the recommendation of an eye specialist, and the teacher must of necessity have had special training to fit her for her task.

While great progress has been made in the construction and equipment of school plants, there is still much room for improvement if we would give the maximum of thought to the conservation of the health of the child. It has always seemed to me poor business to make a big expenditure of money to furnish the advantages of an education if we neglect in any particular the health of the child without which the educational advantages become valueless. in the light of the above facts it would, therefore, seem to be expedient for a proper arrangement to be made where indicated for these special classes.

Careful selection should be made of the class room. It should be sufficiently large to avoid anything suggestive of overcrowding. A north east exposure is most desirable since the morning sun floods the room and the north light gives most constant diffusion. Unalateral lighting is advocated but if bilateral lighting is used the walls must in all cases be adjacent for the elimination of cross shadows. The seating arrangement should be such that the light comes from the left and back of the child. The window glass area should equal one-fifth of the floor space and windows placed three feet, three inches from the floor to the window sill, and six inches from the ceiling give best results as most light is received from the top. Window shades should be buff color and two shades should be attached to each window at the middle so that they can be raised and lowered as needed. For artificial lighting the indirect and semi-indirect systems have been found best because they reduce the glare.

Since every part of the equipment should play its part in the conservation of sight the walls and ceilings should have special attention. The ceilings should be white or light cream and the walls buff or a very light French gray, dull finish. The woodwork should be of some light colored wood with dull surface. Except for ceilings white should be avoided. Blackboards should be conspicuous by their absence and manilla paper on adjustable rollers used instead. Movable, adjustable seats and desks should be supplied. The desks must be so adjusted that they can be raised to a sufficient angle of elevation so that in desk work the child, especially the myope, will have his work at a correct angle and

CHILD WELFARE AND PUBLIC HEALTH NURSING—(Cont.)

not strain eyes and back by bending over a level desk. Large type books should be provided and number charts should be of the same series as the large type books. Large writing is as essential as large type and a slightly rough, unglazed manilla paper in large size sheets should be included in the list of supplies. Pencils with soft, heavy lead, making a broad easily seen line are best, and pen work should be omitted entirely. Typewriters should be provided since the typewriter is one of the most efficacious aides in conserving sight. The modern touch system should be taught. Tables and chairs should be provided for hand work.

The ultimate success of a class for the conservation of vision depends on the teacher, and added to her special training should be a knowledge of eye conditions. The aim that the teacher must constantly bear in mind is that the object of her class is to have sight, and to so instruct the children under her care that they will understand the principles of conservation and go forth to their life work prepared and fortified to take upon themselves the responsibility of their own sight and the stimulus that should encourage these teachers as well as all who contribute to this special education should be the consciousness that they are making an effort to supplant darkness with light, inspire personal confidence in place of distrust, awaken interest instead of contributing to indifference, and above all, to encourage and inspire these handicapped children to become through their own efforts, good citizens.

BUREAU OF ACCOUNTING

Screven Dozier, Auditor

RECEIPTS

Balance after paying March, 1925 accounts	$32,592.01
April, 1925 receipts	39,036.26
Total	$71,628.27

DISBURSEMENTS

April, 1925 Disbursements	$16,981.92
Balance	$54,646.35

DISBURSEMENTS FOR APRIL, 1925 ITEMIZED

Administration	$2,377.77
Engineering	3,166.78
Laboratories	3,449.57
Child Welfare	2,044.25
Orthopedic	830.64
Vital Statistics	2,432.12
Multigraph	132.71
Biologics	756.72
Communicable Disease	1,791.36
	$16,981.92

BUREAU OF DIAGNOSTIC LABORATORIES

B. L. Arms, M. D., Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING MAY, 1925

	Jackson-ville	Tampa	Pensa-cola	Miami	Talla-hassee	Total
Animal Parasites	1588	779	76	35	40	2518
Diphtheria	336	112	16	11	28	503
Typhoid	184	232	43	11	63	533
Malaria	301	240	36	11	84	672
Rabies	11	13	.....	4	.....	28
Tuberculosis	139	103	28	9	7	286
Gonorrhoea	260	173	62	27	3	525
Syphilis	1994	523	.....	.....	.....	2517
Water, Bact. Exam.	.....	32	.....	13	2	47
Water: Chem. Exam.	.....	.....	.....	.....	2	2
Milk: Bact. Exam.	21	12	.....	301	17	351
Milk: Chem. Exam.	22	12	3	145	17	199
Miscellaneous	41	12	20	.....	24	97
	4897	2243	284	567	287	8278

Specimen Containers Distributed During May, 1925 4789

BIOLOGICAL PRODUCTS SENT OUT DURING MAY, 1925

Diphtheria Antitoxin	10,000 units	95 Packages
	5,000 units	44 Packages
Toxin Antitoxin		1228 c.c.
Schicks		10,000
Tetanus Antitoxin	20,000 units	6 Packages
	10,000 units	19 Packages
	1,500 units	366 Packages
Antimeningococcus Serum		12 Cylinders
Vaccine Virus		2400 Capillaries
Typho Bacterin	PLAIN	1218 Packages
	TRIPLE	736 Packages
Antirabic Virus		41 Treatments
Carbon Tetrachloride		737 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO THE LABORATORY

BUREAU OF DIAGNOSTIC LABORATORIES—(Cont)

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING JUNE, 1925

	Jackson-ville	Tampa	Pensa-cola	Miami	Talla-hassee	Total
Animal Parasites	497	281	123	31	41	973
Diphtheria	147	100	4	6	7	264
Typhoid	225	233	43	11	62	574
Malaria	334	251	41	12	107	745
Rabies	26	17	.....	.....	.....	43
Tuberculosis	160	81	19	13	12	285
Gonorrhoea	243	162	32	31	6	474
Syphilis	1777	485	.....	.....	.....	2262
Water: Bact. Exam.	.....	37	.....	35	2	74
Water: Chem. Exam.	.....	.....	.....	.....	2	2
Milk: Bact. Exam.	30	27	7	167	13	244
Milk: Chem. Exam.	31	28	8	280	12	359
Miscellaneous	39	17	18	.....	10	84
	3509	1719	295	586	274	6383

Specimen Containers Distributed During June, 1925 6753

BIOLOGICAL PRODUCTS DISTRIBUTED DURING, JUNE, 1925

Diphtheria Antitoxin	10,000 units	83 Packages
	5,000 units	36 Packages
Toxin Antitoxin		186 c.c.
Schicks		100 Tests
Tetanus Antitoxin	20,000 units	10 Packages
	10,000 units	20 Packages
	1,500 units	538 Packages
Typho Bacterin	PLAIN	1626 Packages
	TRIPLE	1841 Packages
Vaccine Virus		3380 Points
Antimeningococcus Serum		20 Cylinders
Antirabic Virus		41 Treatments

Carbon Tetrachloride ..... 900 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO THE LABORATORY

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

INFANT MORTALITY

Deaths of Infants Under One Year of Age and Rates Per 1000 Living Births by Color and by Counties

	COUNTIES	Total		White		Colored	
		Deaths Under 1 Yr.	Rate Per 1000 Births	Deaths Under 1 Yr.	Rate Per 1000 Births	Deaths Under 1 Yr.	Rate Per 1000 Births
0.	State	2182	82	1259	70	923	107
1.	Alachua	37	55	18	45	19	71
2.	Baker	14	84	9	74	5	111
3.	Bay	36	115	31	139	5	55
4.	Bradford	13	79	12	97	1	24
5.	Brevard	20	80	13	80	7	81
6.	Broward	25	91	10	63	15	128
7.	Calhoun	16	56	12	54	4	64
55.	Charlotte	2	32	2	43	.....	.....
8.	Citrus	10	63	4	42	6	93
9.	Clay	7	69	7	97	.....	.....
62.	Collier	1	62	1	62	.....	.....
10.	Columbia	25	68	13	66	12	70
11.	Dade	204	95	80	65	124	134
12.	DeSoto	21	96	20	107	1	32
56.	Dixie	5	69	4	64	1	100
13.	Duval	275	93	139	75	136	122
14.	Escambia	105	95	70	84	35	132
53.	Flagler	1	27	1	62	.....	.....
15.	Franklin	6	51	4	61	2	39
16.	Gadsden	40	71	14	73	26	70
57.	Glades	5	89	4	78	1	200
17.	Hamilton	21	103	10	79	11	141
58.	Hardee	17	71	14	60	3	157
63.	Hendry	.....	.....	.....	.....	.....	.....
18.	Hernando	5	71	5	94	.....	.....
59.	Highlands	6	46	5	49	1	37
19.	Hillsboro	155	56	114	50	41	85
20.	Holmes	21	70	19	67	2	125
21.	Jackson	57	81	34	84	23	78

BUREAU OF VITAL STATISTICS—(Continued)

INFANT MORTALITY—(Continued)

COUNTIES	Total		White		Colored	
	Deaths Under 1 Yr.	Rate Per 1000 Births	Deaths Under 1 Yr.	Rate Per 1000 Births	Deaths Under 1 Yr.	Rate Per 1000 Births
22. Jefferson	49	139	7	84	42	155
23. Lafayette	15	112	14	117	1	71
24. Lake	28	65	21	67	7	59
25. Lee	27	120	18	98	9	219
26. Leon	42	100	12	89	30	105
27. Levy	28	114	17	100	11	143
28. Liberty	13	131	10	143	3	103
29. Madison	35	91	11	63	24	115
30. Manatee	36	85	26	90	10	94
31. Marion	44	79	23	89	21	70
32. Monroe	33	89	21	72	12	160
33. Nassau	16	91	7	71	9	117
34. Okaloosa	15	54	15	59	.....	.....
54. Okeechobee	4	52	3	47	1	77
35. Orange	62	76	39	63	23	115
36. Osceola	13	77	10	79	3	71
37. Palm Beach	58	79	28	59	30	119
38. Pasco	21	115	10	71	11	268
39. Pinellas	72	87	41	61	31	196
40. Polk	96	71	69	63	27	109
41. Putnam	30	76	16	81	14	72
42. St. Johns	23	67	14	61	9	77
43. St. Lucie	19	61	12	52	7	88
44. Santa Rosa	25	76	20	76	5	73
60. Sarasota	12	99	9	88	3	130
45. Seminole	54	153	18	96	36	217
46. Sumter	12	77	10	88	2	45
47. Suwannee	27	71	14	57	13	96
48. Taylor	19	81	13	75	6	97
61. Union	4	52	2	33	2	125
49. Volusia	52	89	30	80	22	103
50. Wakulla	5	46	2	36	3	55
51. Walton	21	59	14	51	7	88
52. Washington	22	78	14	67	8	111

LIBRARIAN HYGIENIC LABORATORY, 25TH. & EAST STREET, WASHINGTON, D.C.

It Pays to Keep Fit



All Work and No Play is a Poor Motto for a Business Man

HYGIENIC LABORATORY
WASHINGTON, D. C.
SEP 8 - 1925

HUMAN LIFE IS THE STATE'S GREATEST ASSET

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FLORIDA



HEALTH NOTES

OFFICIAL BULLETIN

PUBLISHED MONTHLY BY THE

STATE BOARD OF HEALTH

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VOL. 17 SEPTEMBER, 1925 No. 9

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

B. L. ARMS, M. D., STATE HEALTH OFFICER
Jacksonville

THE BOARD

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ADMINISTRATION

B. L. Arms, M. D., State Health Officer

BIOLOGICS

The State Board of Health has often attempted to explain to the physicians and the public what biologics were obtainable from the Board and how to get them, but in spite of repeated letters and publications there is yet a great deal of lack of understanding in regard to them.

The State Board of Health furnishes FREE TO ALL, DIPHTHERIA ANTITOXIN in 5,000 and 10,000 unit packages for curative purposes only, SCHICK TESTS to determine who is susceptible to diphtheria and TOXIN ANTITOXIN to immunize those found susceptible and also those between six months and six years who should be immunized without a previous test, TETANUS ANTITOXIN in 1,500 unit size for prophylactic use and 10,000 and 20,000 unit size for curative use, TYPHOID VACCINE either plain or triple to immunize against typhoid, VACCINE VIRUS for the prevention of smallpox, and ANTI MENINGOCOCCUS SERUM for the cure of cerebro spinal meningitis.

In order that Diphtheria antitoxin may be easily obtainable in all parts of the State certain drug stores centrally located, have been designated as antitoxin stations, and at these stations a small supply of diphtheria antitoxin and typhoid vaccine is kept, but no other State Board Biologics are stocked at these stations. However, each of the branch laboratories has a limited stock of all the above biologics, but all large requests should be made direct to the STATE LABORATORY at Jacksonville, and all antitoxin stations should request their supplies from Jacksonville also.

In addition to the free biologics the Board also handles the preventive treatment for rabies for human cases and these are furnished AT COST, but when the physician certifies that the patient is indigent and that he is receiving no pay for the administration, this, too, is free. ALL antirabic treatments should be ordered from the State Laboratory at Jacksonville, by letter or PREPAID wire giving the AGE of the patient and the LOCATION of the bite or bites, for the dosage depends in part on the age of the patient and the location of the bite.

The faithfulness of one local registrar was illustrated recently in a letter from her husband, who stated, "Almost her last request was that I mail these reports to you." The loyalty of the Local Registrars is a great asset in promotion of registration and Florida's present place has undoubtedly been achieved, in a large measure, through the faithful efforts of the registrars all over the State.

BUREAU OF DIAGNOSTIC LABORATORIES

SUMMARY OF EXAMINATIONS MADE IN THE LABORTORIES OF THE STATE BOARD OF HEALTH DURING JULY, 1925

	Jackson-ville	Tampa	Pensa-cola	Miami	Talla-hassee	Total
Animal Parasites	480	321	43	13	90	947
Diphtheria	297	63	17	25	10	412
Typhoid	256	242	56	18	54	626
Malaria	309	275	59	17	79	739
Rabies	19	6	.....	4	.....	29
Tuberculosis	148	106	12	24	9	299
Gonorrhoea	290	179	94	53	14	630
Syphilis	2047	610	.....	.....	.....	2657
Water: Bact. Exam.	.....	32	.....	42	.....	74
Water: Chem. Exam.	.....	.....	.....	.....	.....	.....
Milk: Bact. Exam.	22	7	1	208	23	261
Milk: Chem. Exam.	22	7	4	448	23	504
Miscellaneous	36	34	5	23	9	107
	3926	1882	291	875	311	7285

Specimen Containers Distributed During July, 1925 4213

BIOLOGICAL PRODUCTS DISTRIBUTED DURING JULY, 1925

Diphtheria Antitoxin	10,000 units	117 Packages
	5,000 units	33 Packages
Toxin Antitoxin		60 c.c.
Tetanus Antitoxin	20,000 units	14 Packages
	10,000 units	18 Packages
	1,500 units	625 Packages
Typho Bacterin	PLAIN	1330 Packages
	TRIPLE	625 Packages
Antimeningococcus Serum		20 Cylinders
Vaccine Virus		850 Points
Antirabic Virus		44 Treatments

Carbon Tetrachloride ..... 697 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO THE LABORATORY

BUREAU OF DIAGNOSTIC LABORATORIES—(Continued)

ANTITOXIN DISTRIBUTING STATIONS

City	Station
Apalachicola	H. B. Robbins Drug Co.
Arcadia	Arcadia Drug Co.
Avon Park	Avon Park Drug Co.
Blountstown	Leonard Drug Co.
Bradentown	Balis Pharmacy
Century	Century Pharmacy
Chipley	Mitchell Drug Co.
Clearwater	Ames & Hannah
Cocoa	Hughlett Drug Co.
Dade City	Griffin Drug Co.
Daytona	Hankins Drug Co.
DeFuniak Springs	Rexall Drug Store
Fernandina	Horseys Drug Store
Ft. Meade	Langford Drug Co.
Ft. Myers	Hunter's Drug Store
Ft. Pierce	Silver Palace Drug Co.
Gainesville	J. S. Bodiford Drug Co.
Inverness	Inverness Drug Co.
Jacksonville	State Laboratory
Jacksonville *	St. Lukes Hospital
Key West	Key West Drug Co.
Lake Butler	Tomlinson Maines Drug Co.
Lake City	Columbia Pharmacy
Lakeland	Henleys Drug Store
Live Oak	Suwannee Drug Co.
Miami	State Laboratory
Ocala	Court Pharmacy
Okeechobee	Park Pharmacy
Orlando	Evans Rex Drug Co.
Palatka	City Drug Store
Panama City	Sims Drug Co.
Plant City	Knights Drug Store
Pensacola	State Laboratory
Quincy	City Drug Store
St. Augustine	St. George Pharmacy
St. Petersburg	Bennetts Pharmacy
Sanford	Mobley's Drug Store
Starke	Mitchell Drug Co.
Stuart	Stuart Drug Co.
Tallahassee	State Laboratory
Tampa	State Laboratory
Wauchula	Beeson Bros.
West Palm Beach	City Health Department
Winter Haven	Scotties Pharmacy

* When Laboratory is closed.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

SCHOOL DAYS

Within a short time a vast army of children will be drafted from the homes of Florida and mobilized in the halls of learning, there to be drilled in the intricasies of the three R's. Unless great care is taken in applying the newer knowledge of health protection, the new contacts of school will afford new opportunities for the spread of disease.

In the minds of most people the transmission of disease has for years been shrouded with mystery and it is only in relatively recent times that much has been definitely known about the origin of infection—disease germs—and their methods of travel. Lacking definite knowledge on the subject people had for centuries believed that infection traveled through the air and in a very limited way that was correct for infection is now known to spread short distances in dust particles and in droplets of saliva thrown out in coughing, sneezing or even in talking.

Many diseases are never transmitted directly from person to person but depend on biting insects which are actual hosts to the disease producing organism during some part of its life cycle. Such well known diseases as malaria, yellow fever, typhus and dengue fever are spread in this way. Insects often act as mechanical carriers of diseases like typhoid, dysentery, bubonic plague and others.

BEWARE OF THE COMMON DRINKING CUP!

The germs that most often steal a ride on the edge of a glass or cup are those that frequent the upper air passages—mouth, nose, throat, bronchial tubes, lungs. In this group are included the germs of common colds, influenza, bronchitis, pneumonia, tuberculosis, meningitis, infantile paralysis, diphtheria, scarlet fever, mumps, syphilis and a number of others.

IF WE COULD REALIZE the possibity of contracting one of these diseases by drinking after another person we would surely make a great effort to provide our own individual cups.

There are many other articles that come in contact with the mouth and serve as a conveyance for disease germs, for example: poorly washed forks and spoons, pencils, dirty hands and the lips of another person in kissing.

School authorities, patrons and teachers should give sufficient thought to the health of the school child to see that the old bucket and dipper are scrapped and a cooler and individual cups or drinking fountains are furnished. That

Soap and water are available for washing,
Crowding is avoided,
School rooms are ventilated,

BUREAU OF COMMUNICABLE DISEASES—(Cont.)

The air is not too dry,
Every child has his own pencil.

Attention to these details will do much to prevent serious interruption of a valuable and costly school program by unnecessary sickness.

NOTES FROM THE DISTRICTS

Dr. E. J. Schwartz, District Health Officer of Tampa, spent a large part of July on the immunizing program in Hillsborough and Pinellas Counties. During the month he gave 684 doses of typhoid vaccine and 83 smallpox vaccinations, investigated a number of cases of communicable disease and sanitary conditions and gave timely advice regarding various health problems.

Dr. W. S. Nichols, of District No. 4, put on an effective campaign in Columbia County during which he gave 450 doses of typhoid vaccine. He investigated communicable disease conditions in Alachua County, prepared a number of health articles for the newspapers and held more than a hundred health conferences and interviews.

Early in July Dr. C. R. Weirich left for Washington on urgent personal business which will require his attention for an indefinite time. He has therefore resigned his position as District Health Officer on the east coast.

The task of securing well qualified men to fill this and other vacancies is being prosecuted vigorously but carefully and it is hoped that all vacancies in this Bureau will be filled within a month.

* * * * * *

BUREAU OF SANITARY ENGINEERING
Ellsworth L. Filby, C. E., Chief Engineer

FLORIDA'S PUBLIC WATER SUPPLY

There was a story in a Jacksonville paper—The Florida Times-Union—last week regarding the water supply of Leesburg, Fla. It developed that an autoist with his family coming from Atlanta had been warned by some good friend not to drink any water in Florida except—"good bottled water." The man—tired, hot and thirsty, stopped at Leesburg and asked a drug store clerk for "some good bottled water—not expensive, but good, safe drinking water." He had his wife and seven children along and "they sure drank a lot of water." Upon further inquiry the clerk learned that the reputation of ordinary city water in Florida that came out of a spigot was such that it might be used for lawn sprinkling, but for human consumption—wasn't it dangerous to drink?

As it happened, for the past few weeks, the State Board of Health Engineering Bureau has been experimenting with various signs, etc., to tell the tourist and auto travelers that water—city water—is safe to drink. The Bureau of Engineering decided to recommend to the cities the use of a board sign about 30 inches wide by 20 inches high, with the following:

BUREAU OF SANITARY ENGINEERING—(Cont.)

SAFE
DRINKING WATER
Municipal Supply
CITY OF BLANKER
Approved by
Florida State Board of Health

This sign to be erected on a 4 x 4 post set at the edge of the main roads coming into town at a height so as to strike the eye of the autoist. The State Board of Health urges all cities to have their supplies periodically tested by the State Board of Health for their information and protection. The State Board of Health makes no charge for the bacteriological examinations.

The Bureau will be glad to check over any supply if city desires to erect these signs. If the State Board of Health has inspected and approved the supply before and no changes have been made, signs may be erected at once.

Since sending out the first notice concerning the above procedure word has been received that several of the cities have acted upon the advice of the Bureau and the SAFE drinking water signs are being prepared for posting at the main entry points leading into the town.

ATTENTION, CHLORINE MEN!

Through a co-operative agreement the State Board of Health, Bureau of Engineering, has a fair stock of replacement parts for chlorinators (W and T) all types—on hand at Jacksonville. Write, wire or phone us and we will get the part out to you by return mail. Don't forget to give the code numbers of the part so we can replace it from Newark and get the correct part for you.

We do not handle any money for these parts—Wallace and Tiernan Company will bill you direct from Newark, N. J. This is done solely for your convenience and will save you from two to three days and keep your chlorine going.

* * * * * *

The ice has been broken! Yep, you heard correctly, we have broken the ice on the swimming pool question of quality of water. The Spa at St. Petersburg has put in recirculation pressure filters and the latest type vacuum feed chlorinator for sterilizing the discharge from the filters. The chlorinator investment will run close to $1,500, and Mr. B. A. Lawrence, Jr., proprietor of the Spa, is to be congratulated on his initiative in putting these features on his pool.

CHILD WELFARE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

* MENTAL HYGIENE AND CHILDHOOD

Every day we meet people with whom it is difficult to get along. They are queer or odd, irritable, unreasonable, selfish and egotistical, or sly and untrustworthy, or they may have no sense of responsibility and try to put the burden of work or blame for failure on others. Sometimes others find it difficult to get on with us because we are self-centered or full of prejudices, so that we can not see clearly and fairly the other person's point of view.

People are not born this way. They are made this way. The foundations of these types of personality are laid in childhood. One forms mental habits as one forms physical habits. Some are good and some are bad. We take great care of helping the child form good physical habits, but we are inclined to neglect almost entirely the emotional habits the child may develop, although so far as the happiness of the child and its future success in dealing with others is concerned, these are probably more important. Every waking hour the child is reacting emotionally to situations that arise in its environment—in the school, in the home and on the playground. Through these experiences he forms emotional habits—ways of meeting unpleasant situations, ways of looking at things, ways of feeling about things. These habits tend to become fixed and if they are bad habits, they lead in adult life to much unhappiness and inefficiency, such as you and I find in our lives because no one helped us in these matters when we were children, or to the warped and twisted and odd personalities about which we have spoken. Sometimes they lead to nervous and mental breakdowns.

One cannot, in a brief paper, discuss all the problems that have to do with the healthy development of the emotional life of the child, but one can point out a few important things:

Children should never be frightened. Frightening children is a very serious matter, although many careless adults take it as a joke. Frights in childhood often bring serious consequences.

Children must be taught to act in ways that are socially acceptable, but this should not be brought about through shaming them. Shame is not a healthy emotion to bring into the life of a child, neither is humiliation nor embarrassment nor painful self-consciousness before others.

Children should not be lied to concerning important matters, especially about the matter of sex. The lying and deceit are soon discovered and the experience is exceedingly bad for the child. Much of the unhappiness, worry, and failure at school, and of the nervous illnesses of young adolescents, as well as the nervous and mental breakdowns of later life, are due to the misunderstanding of these matters that has been brought about by the lying and deceit of

CHILD WELFARE AND PUBLIC HEALTH NURSING—(Cont.)

others. It is of very great importance that this be avoided. The questions of a child along these lines should be answered honestly and without embarrassment, in accordance with the ability of the child to understand.

Every effort should be made to keep the child from developing feelings of inferiority. Parents and teachers often create these feelings in a child by calling him names that indicate that they do not think very highly of the child, or by comparing the child with another child unfairly. "Mary is real smart, but John is dumb." No parent or teacher would permit such a remark in the presence of John if he understood the lasting harm that it is likely to do John, particularly if often repeated.

There come times when children must be punished. Children can be punished in ways that benefit them, but on the other hand, most unhappy consequences may follow unwise punishment. Punishment should be fair, reasonable and prompt. It should not be arbitrary or merely an expression of the whim of a parent or teacher, disregarding the child's sense of fairness and justice. Punishment that is merely an expression of a parent's or a teacher's anger, creates a perfectly proper anger and rebellion on the part of the child. The parent or teacher in losing his self-control is misbehaving worse than the child, and the child knows it. Such punishment may create fear in a child so that it "minds," but his good behavior is purchased at too high a price for the reason that the hatred of, and rebellion against, authority becomes a fixed emotional habit leading to great difficulties later on.

In helping the child to develop healthy mental habits, as we help him to develop good physical habits, it is well to keep in mind one fundamental principle—to permit the child as much freedom of expression as possible; allowing him to find an expression for himself and his own particular interests in his play, in his work and in his contact with other members of the family. Where this expression is unwise or unsafe or interferes with the rights of others, a wise parent will direct the child's energy into other and better channels, but without forcing a repression on the child that will be harmful.

Help the child to maintain his own self-respect. Do not by word or action take away from him what self-respect he has. A parent who gains control over his child by breaking the child's spirit is an unworthy parent.

And finally it should be remembered that if one desires to cultivate healthy mental habits in one's child, it is well to do a little cultivating in one's own personal garden.

*By FRANKWOOD E. WILLIAMS, M. D.,
Director, Division of Education, National Committee for Mental Hygiene.
Weekly Report of California State Board of Health.

BUREAU OF ACCOUNTING

Screven Dozier, Auditor

RECEIPTS

Balance after paying April, 1925 accounts	$54,646.35
May, 1925 Receipts	57,697.00
Total	$112,343.35

DISBURSEMENTS

May, 1925 Disbursements	$17,184.90
Balance	$95,158.45

DISBURSEMENTS FOR MAY, 1925 ITEMIZED

Administration	$2,882.57
Engineering	2,823.97
Laboratories	2,610.79
Child Welfare	2,254.80
Orthopedic	802.09
Vital Statistics	1,643.00
Multigraph	153.24
Biologics	2,141.52
Communicable Diseases	1,872.92
	$17,184.90

RECEIPTS

Balance after paying May, 1925 accounts	$95,158.45
June, 1925 Receipts	22,772.43
Total	$117,930.88

DISBURSEMENTS

June, 1925 Disbursements	$21,882.41
Balance	$96,048.47

DISBURSEMENTS FOR JUNE, 1925 ITEMIZED

Administration	$7,642.97
Engineering	3,309.59
Laboratories	2,559.96
Child Welfare	1,944.78
Orthopedic	872.50
Vital Statistics	1,950.98
Multigraph	124.22
Biologics	1,645.12
Communicable Diseases	1,832.29
	$21,882.41

AMERICAN PUBLIC HEALTH ASSOCIATION ANNUAL MEETING, ST. LOUIS, MO., OCTOBER 19-22

The Fifty-Fourth Annual Meeting of the American Public Health Association will be held in St. Louis, Missouri, October 19-22, with the Hotel Statler as headquarters. This Association is the professional society of sanitarians in North America, and its Annual Meetings always offer a program of exceptional interest to public health workers. Several special features add more than usual interest to this year's program.

In a broad and developing field such as public health, there is danger that its diverse branches will not maintain contact with each other and with the whole. The American Public Health Association, representing as it does all public health specialities, both official and non-official, brings together at its meetings and includes in its programs the various elements, personnel and subjects that go to make up our public health structure. With a view to correlating these elements, it has this year arranged for a greater number of joint sessions and general sessions than is customary.

The Association's nine Sections—Public Health Administration, Laboratory, Sanitary Engineering, Food and Drugs, Vital Statistics, Industrial Hygiene, Child Hygiene, Health Education and Publicity, and Public Health Nursing—will have programs of their own consisting of one or more sessions. In addition, in a number of instances two and sometimes four sections will combine to discuss in a joint meeting some outstanding development of interest to the various groups. One subject to be discussed from four angles is the epidemiology and respiratory diseases; another is oyster pollution. There will be also five general sessions participated in by the entire Association. In the twenty-seven meetings arranged for, more than one hundred and twenty-five papers and reports are scheduled. These figures do not include luncheon and dinner sessions devoted to particular topics, nor a special session on Mental Hygiene sponsored by the National Committee on Mental Hygiene.

The Local Committee on Arrangements has provided an attractive program of entertainment including trips to points of general and scientific interest in and near St. Louis, free tickets to the theatre and the traditional reception following the opening meeting. The ladies are especially invited to attend and plans have been made to occupy them during the full period of the meeting.

Members of the Association and their families will receive a twenty-five per cent reduction in railroad fare traveling to and from the meeting. Non-members should make application for reduced fare to Mr. Homer N. Calver, Executive Secretary, American Public Health Association, 370 Seventh Avenue, New York City. The Secretary will also gladly furnish additional information regarding the meeting and the program.

LECTURES IN SUMMER SCHOOLS

Dr. J. W. Norman, dean of the school of education at the university; Dr. N. M. Salley, dean of the school of education at the women's college, and Dr. Jennie Tilt, of the research department, who were instrumental in planning health programs in their respective institutions, are to be congratulated on the good beginning of a work that should be productive of far-reaching good to the state.

The Florida State Board of Health co-operated with the faculty at the Florida State College for Women, Tallahassee, in the Health Week Program. More than one hundred students attended the evening lectures. A thirty-minute period was also set aside at the Chapel service for a health talk. The apparent interest of the students in the summer school was commendable and the fact that a large part of the student body are teachers, who will be in active service during the coming winter, gave a splendid opportunity for disseminating necessary information concerning the retaining of health.

The State University at Gainesville also requested co-operation from the Florida State Board of Health in a class where the students desired information regarding health. While this class was somewhat smaller than the one at Tallahassee, those attending the lectures were interested and some of the papers turned in at the close of the course indicated splendid progress.

It was a real pleasure to have a part in the activities of the summer schools in our State institutions. The departments of the State Board of Health participating were Director of Laboratories, Communicable Disease Bureau, Vital Statistics Bureau, Child Welfare and Public Health Nursing Bureau, and Sanitary Engineering Bureau.

NEW LOCAL REGISTRARS APPOINTED

Number	Name	Address
15-02	Mrs. C. E. Kilbourn	Carrabelle, Fla.
24-01	Miss Hattie V. Miller	Leesburg, Fla.
24-05	Mrs. Ella J. Etheridge	Tavares, Fla.
29-087	Mrs. Nora L. Corbett	Pinetta, Fla.
37-05	Mrs. Pearl H. Damon	Jupiter, Fla.
37-09	Mr. George C. McLarty	Pahokee, Fla.
38-04	Mrs. Nina A. Kovarik	San Antonio, Fla.
41-02	Dr. R. Y. Hunter	Crescent City, Fla.
44-01	Mr. G. D. West	Milton, Fla.
46-04	Mr. P. A. Connor	Bushnell, Fla.
48-03	Mrs. J. R. Richardson	Carbur, Fla.
51-187	Mr. Clement E. Taylor	Destin, Fla.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

REGISTRATION

The registration of births and deaths in Florida for the first six months of this year, as compared with the same period last year, looks very encouraging. Because of the strenuous efforts put forth last year during the birth registration test put on by the United States Government, we were naturally apprehensive as to the reaction of a victory, causing activities to slow up. The acceptance of a state into the United States Registration Area for both births and deaths is very desirable and those states now in the registration areas have quite an advantage over other states, particularly in health activities. The fact that Florida is now a part of both registration areas, will aid greatly in the planning of the work by all departments of the State Board of Health.

From January first to June thirtieth, this year, twelve thousand, three hundred and ninety-five (12,395) births were properly registered in Florida, as compared with a total of twelve thousand, seven hundred and seventy-four (12,774) for the same period last year. There will still be a number of birth certificates received for previous months and based on past experience would indicate that this year's records will surpass those of last year when the final count is made available.

Death records indicate a decrease based on a study of the first six months this year. Seven thousand, nine hundred and sixty-three (7,963) death certificates were received during the first half of this year as compared with a total of eight thousand, three hundred and forty-eight (8,348) during the same period last year. This is a decrease of three hundred and eighty-five (385). We know that the population of Florida is increasing and has increased more in proportion, during the first half of this year than for the same period last year. The fact that fewer deaths have occurred so far this year as compared with the previous year is very encouraging and a careful study of the birth records will indicate that the efficiency of registration has not been lowered. While the first six months of the past two years show a decrease of ten (10) in birth registration, a comparison of the first four months show an increase and when all delayed birth certificates are received for previous months this year, the birth records will undoubtedly show an increase.

The following pages indicate the number of births, birth rates and the number of deaths of infants under one year of age with the Infant Mortality rates for certain cities in the State. Physicians and Undertakers are urged to co-operate in the filing of birth and death certificates so that the State of Florida will have first-hand information regarding her people.

BUREAU OF VITAL STATISTICS—(Continued)

NUMBER OF BIRTHS AND BIRTH RATES PER 1000 POPULATION BY COLOR FOR CERTAIN CITIES, 1924

	CITIES	Total Births	Rate	White Births	Rate	Colored Births	Rate
15-51	Apalachicola	82	26.7	47	29.0	35	24.2
12-51	Arcadia	100	23.3	81	22.6	19	26.9
40-52	Bartow	98	19.9	62	16.9	36	28.7
30-51	Bradentown	96	20.0	63	16.4	33	32.9
49-51	Daytona	176	26.9	98	26.7	78	27.0
49-52	DeLand	110	30.9	80	34.2	30	24.4
33-51	Fernandina	58	9.1	31	9.2	27	8.9
25-51	Fort Myers	146	34.4	112	34.3	34	35.0
1-51	Gainesville	242	33.7	167	39.4	75	25.5
13-51	Jacksonville	2379	23.2	1435	25.2	944	20.7
32-51	Key West	367	19.6	292	19.8	75	18.4
36-51	Kissimmee	89	29.8	71	30.8	18	26.5
10-51	Lake City	98	29.3	61	33.2	37	24.6
40-51	Lakeland	362	42.0	318	46.6	44	24.6
47-51	Live Oak	55	17.7	31	18.4	24	16.9
11-51	Miami	660	40.7	903	32.1	757	60.3
31-51	Ocala	184	35.6	112	35.9	72	35.0
35-51	Orlando	474	40.2	331	38.1	143	46.3
41-51	Palatka	152	22.9	79	.....	73	.....
14-51	Pensacola	727	20.9	543	22.4	184	17.5
19-53	Plant City	145	33.6	100	30.9	45	41.8
16-51	Quincy	88	28.2	50	40.4	38	20.2
42-51	St. Augustine	239	36.7	182	38.4	57	32.1
39-51	St. Petersburg	505	19.1	392	17.3	113	29.7
45-51	Sanford	204	31.3	112	31.0	92	31.6
13-52	So. Jacksonville	123	34.8	85	25.9	38	14.9
26-51	Tallahassee	135	22.8	82	25.6	53	19.5
19-51	Tampa	1712	29.2	1410	30.8	302	23.6
37-51	W. Palm Beach	472	36.7	304	38.7	168	33.5
19-52	West Tampa	269	31.4	226	29.2	43	53.1

BUREAU OF VITAL STATISTICS—(Continued)

DEATHS OF INFANTS UNDER ONE YEAR OF AGE AND RATES PER 1000 LIVING BIRTHS BY COLOR FOR CERTAIN CITIES, 1924

	CITIES	Total		White		Colored	
		Deaths Under 1 Yr.	Rate	Deaths Under 1 Yr.	Rate	Deaths Under 1 Yr.	Rate
15-51	Apalachicola	5	61	3	64	2	57
12-51	Arcadia	14	14	13	16	1	53
40-52	Bartow	6	61	5	81	1	28
30-51	Bradentown	6	63	4	63	2	61
49-51	Daytona	14	79	8	82	6	77
49-52	DeLand	13	118	7	87	6	200
33-51	Fernandina	9	155	3	97	6	222
25-51	Fort Myers	19	130	11	98	8	235
1-51	Gainesville	15	62	8	48	7	93
13-51	Jacksonville	223	94	99	69	124	131
32-51	Key West	33	89	21	72	12	160
36-51	Kissimmee	4	45	3	42	1	55
10-51	Lake City	6	61	5	82	1	27
40-51	Lakeland	20	56	19	59	1	23
47-51	Live Oak	5	91	3	97	2	83
11-51	Miami	168	101	60	66	108	142
31-51	Ocala	11	54	8	71	3	41
35-51	Orlando	34	72	16	48	18	126
41-51	Palatka	12	79	6	76	6	82
14-51	Pensacola	72	99	45	82	27	147
19-53	Plant City	2	13	2	20		
16-51	Quincy	8	91	3	60	5	132
42-51	St. Augustine	18	75	12	66	6	105
39-51	St. Petersburg	45	89	22	56	23	203
45-51	Sanford	30	147	10	89	20	217
13-52	So. Jacksonville	7	57	3	35	4	105
26-51	Tallahassee	10	74	7	85	3	56
19-51	Tampa	105	61	76	54	29	96
37-51	W. Palm Beach	37	78	16	52	21	125
19-52	West Tampa	21	78	12	53	9	209

NOTICE!

The Vital Statistics Law of Florida requires that Every Birth and Death be Registered.

How Births are Registered

THE DOCTOR OR MIDWIFE WHO ATTENDS A BIRTH WITHIN TEN DAYS MUST FILE A CERTIFICATE OF BIRTH WITH THE LOCAL REGISTRAR OF THE DISTRICT IN WHICH THE BIRTH OCCURRED. IF THERE WAS NO DOCTOR OR MIDWIFE IN ATTENDANCE, PARENTS ARE REQUIRED TO FILE THE CERTIFICATE. LOCAL REGISTRARS FURNISH BLANK FORMS AND MAKE NO CHARGE FOR REGISTERING BIRTHS.

How Deaths are Registered

THE UNDERTAKER, OR THE PERSON WHO HAS CHARGE OF THE BURIAL OF A DEAD BODY, IS REQUIRED TO FILE WITH THE LOCAL REGISTRAR A DEATH CERTIFICATE, PROPERLY SIGNED BY SOME ONE CONVERSANT WITH THE FACTS AND BY THE PHYSICIAN LAST IN ATTENDANCE, AND IS REQUIRED TO SECURE A BURIAL OR REMOVAL PERMIT BEFORE THE BODY IS BURIED OR REMOVED. LOCAL REGISTRARS MAKE NO CHARGE FOR ISSUING PERMITS.

Why Register?

BIRTHS

There is hardly a relation of life, social, legal or economic, in which the evidence furnished by an accurate registration of births may not prove to be of the greatest value, not only to the individual, but also to the public at large. It is not only a pact of civilization to register Birth Certificates, but good business, for they are frequently used in many practical ways:

1. As evidence to prove the age and legitimacy of heirs;
2. As proof of age to determine the validity of a contract entered into by an alleged minor;
3. As evidence to establish the right of admission to the professions and order to vote;
4. As evidence to establish the right of admission to the professions and to many public offices;
5. As evidence of legal age to marry;
6. As evidence to prove the claims of widows and orphans under the Widows' and Orphans' Pension Law;
7. As evidence to determine the liability of parents for the debts of a minor;
8. As evidence in the administration of estates, the settlement of insurance and pensions;
9. As evidence to prove the irresponsibility of children under _____ years of age for crime and misdemeanor, and various other matters in the criminal code;
10. As evidence in the enforcement of laws relating to education and to child labor;
11. As evidence to determine the relations of guardians and wards;
12. As proof of citizenship in order to obtain a passport;
13. As evidence in the claim for exemption from or the right to jury and militia service.

DEATHS

Human life is sacred. When a human being passes out from our life it is important that an immediate record be made of all the essential details of the event,—an immediate record, because it is well established by years of experience that an accurate record in all cases cannot or will not be made unless the law requires it to be made at once. Such a record should include the facts relating to the exact time and place of death, the full name, age, sex, color, civil condition, occupation, place of birth, and other details relating to the individual, and also a very important requirement, a statement by the attending physician, or by the health officer or coroner, of the cause of death. These facts may be of the greatest legal and social importance.

1. Certificates of Death, or certified copies, are constantly required in courts and elsewhere to establish necessary facts;
2. Pensions or life insurance may depend on proper evidence of the fact and of cause of death;
3. Titles and rights to inheritance may be jeopardized by the failure of records;
4. Deaths should be registered that public health agencies—National, State and Municipal—may know the causes of death and act promptly to prevent epidemics;
5. Deaths should be registered promptly that the success or failure of all measures attempted in the prevention of disease may be accurately determined;
6. Deaths should be registered that individual cities and localities may learn their own health conditions by comparison with the health conditions of other communities and determine thereby the wise course of public health activity;
7. Deaths should be registered that homeseekers and immigrants may be guided in the selection of safe and healthful homes.

THE STATE REGISTRAR DOES NOT DESIRE TO HOLD BEFORE THE PEOPLE THE PENALTIES FOR THE VIOLATION OF THIS ACT, BUT RATHER TO CALL ATTENTION TO THE IMPORTANCE OF THESE RECORDS, BOTH TO THE INDIVIDUAL AND TO THE STATE. THE STATE REGISTRAR DESIRES TO OBTAIN THE HEARTY COOPERATION OF EVERY PERSON IN THE STATE IN CARRYING OUT THE PROVISIONS OF THIS LAW.

The Local Registrar of this District is_____

POSTMASTERS WILL POST THIS NOTICE IN A CONSPICUOUS PLACE IN THE POST OFFICE LOBBY

HARRY S. NEW, Postmaster General

LIBRARIAN HYGIENIC,
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WASHINGTON, D. C.

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL BULLETIN

PUBLISHED MONTHLY BY THE

STATE BOARD OF HEALTH

Entered as Second Class Matter, October 27, 1921
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VOL. 17 OCTOBER, 1925 No. 10

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

B. L. ARMS, M. D., STATE HEALTH OFFICER
Jacksonville

THE BOARD

HON. CHAS. H. MANN . . . . . President, Jacksonville
H. MASON SMITH, M.D. . . . . Tampa
WM. D. NOBLES, M.D. . . . . Pensacola

ADMINISTRATION

B. L. Arms, M. D., State Health Officer

WHY

Has it occurred to you just why there is a State Board of Health and what it can do for you?

The State Board of Health was established to prevent the spread of disease and that is its function today, but think for a few moments of the advances in knowledge that have occurred since that date. At the time the State Board of Health was first organized but little was known of the cause of disease and the mode of its spread. We did not know that the mosquito was responsible for the spread of yellow fever, malaria and dengue, that typhus fever was spread by the louse, that bubonic plague was primarily a disease of rodents and that the flea carried the disease from the infected rodent to man, or that the common fly was a frequent carrier of disease. With the knowledge gained as to the cause of disease and the mode of transmission the responsibility of a state health department has grown.

Years ago milk and water supplies were minor questions as the State was so sparsely settled, but today they are great problems. Forty years ago waste disposal was also of minor importance, whereas today it is a great problem.

When the Department of Health was organized the only biological product used for the prevention of disease in humans was vaccine virus for the prevention of smallpox, but now we have the addition of virus for the prevention of rabies, typhoid vaccine, tetanus antitoxin, toxin antitoxin for the protection against diphtheria and very good prospects that the new scarlet fever serum will be a great success. Aside from these strictly preventive biologics we have diphtheria and tetanus antitoxin to cure diphtheria and tetanus, both of which have greatly reduced the mortality from these diseases, antimeningococcus serum for the cure of cerebrospinal meningitis and the Schick and Dick tests to discover who is susceptible to diphtheria and scarlet fever. These are not the only biological products used, but they are the ones we are chiefly concerned with from the public health standpoint.

In the early days health activities were quite limited but with the added knowledge came added needs, and the various bureaus are in response to that need.

From the first there were district health officers or assistants to the state health officer, whose duty it was to advise communities on health problems and to assist in the diagnosis of obscure cases.

With the development of bacteriological knowledge the Laboratory was established, and its function is to examine material for the diagnosis of any disease or condition of a bacteriologic or parasitic nature dangerous to the public health.

ADMINISTRATION—(Continued)

The Bureau of Vital Statistics was added to meet the need of a more complete knowledge as to an accounting of births and deaths, and they not only receive reports of these and cases of illness, but all birth and death records are filed, indexed and bound so are easily accessible for copies of both birth and death records which are frequently needed. Florida is in the registration area for both births and deaths.

With the growth of the State a Sanitary Engineering Service was needed to care for water and sewage problems and they also supervise bathing pools, auto camps, milk supplies, mosquito control work, make sanitary surveys, investigate nuisances, etc.

The next Bureau was Child Welfare now the Bureau of Child Welfare and Public Health Nursing, and their problem is the education of the mother in the care of her family, instruction and supervision of midwives, supervision of the health of infants and children, the securing of trained public health nurses for county, community or industry, and the supervision of their work on request of such county, community or industry.

While each Bureau has special work to do each cooperates with all other bureaus, for there are very few problems in health prevention that do not call for aid from more than one bureau and all are striving to make the State Board of Health mean more to the citizens of Florida. Let us know if you desire advice or assistance on any matter of public health or sanitation.

When the people in a community desire sufficiently to have good schools, or good roads, or efficient police protection they have no difficulty in getting them. When they desire health protection and the prevention of diseases these are as readily obtainable.

NEW LOCAL REGISTRARS APPOINTED

3-01	Mrs. L. Riley	Panama City, Fla.
24-117	Dr. Olive E. W. Swan	Lady Lake, Fla.
29-02	Mr. A. D. Reames	Greenville, Fla.
40-167	Ernest R. Sumner	Homeland, Fla.
40-227	Oliver Campbell	Loughman, Fla.
41-057	C. C. Sullivan	Lake Como, Fla.
51-127	Miss Alice Rigdon	Red Bay, Fla.

BUREAU OF DIAGNOSTIC LABORATORIES

J. R. Bean, M. D., Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING THE MONTH OF SEPTEMBER, 1925

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	648	226	37	20	53	984
Diphtheria	408	76	10	11	8	513
Typhoid	273	194	33	23	48	571
Malaria	314	229	35	23	61	662
Rabies	13	7	.....	7	.....	27
Tuberculosis	158	87	15	15	4	279
Gonorrhoea	319	201	85	28	6	639
Syphilis	1579	479	.....	.....	.....	2058
Water: Bact. Exam.	.....	38	.....	31	2	71
Water: Chem. Exam.	.....	.....	.....	1	2	3
Milk: Bact. Exam.	17	20	6	183	4	230
Milk: Chem. Exam.	18	20	11	352	4	405
Miscellaneous	31	16	4	.....	10	61
	3778	1593	236	694	202	6503

Specimen Containers Distributed During September, 1925 3603

BIOLOGICAL PRODUCTS DISTRIBUTED DURING SEPTEMBER, 1925

Diphtheria Antitoxin	10,000 units	116 Packages
	5,000 units	29 Packages
Toxin Antitoxin		656 c.c.
Tetanus Antitoxin	20,000 units	9 Packages
	10,000 units	16 Packages
	1,500 units	607 Packages
Shicks		1600
Antimeningococcus Serum		21 Cylinders
Typho Bacterin	PLAIN	608 Packages
	TRIPLE	322 Packages
Vaccine Virus		1210 Points
Antirabic Virus		33 Treatments

Carbon Tetrachloride ..... 1745 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO THE LABORATORY

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

THE COUNTY HEALTH ORGANIZATION

The Constitution of Florida wisely provides that the State Board of Health shall have supervision of all matters relating to public health. If, however, the Board should attempt to carry on all the local work from a central office it would be overwhelmed by a mass of details, local responsibility would be weakened or destroyed and there would not be sufficient adaptability to local needs.

The principal functions of the State Health Department are to supervise local health work, collect vital statistics, investigate and control epidemics, supervise water supplies, sanitation and food supplies, maintain public health laboratory facilities, promote maternal infant, child and school hygiene, and disseminate information on all matters pertaining to the promotion of health and the prevention of disease.

The necessity for attention to detail, stimulation of local interest and adaptation of health activity to local needs can best be met by the establishment of a local health agency to be maintained largely or entirely by local funds but harmonizing its activity with that of the State Department of Health which in turn gives substantial aid and backing.

Local health work has for many years been done by local physicians or others who devoted but part of their time to the work and who, for a meager stipend attended to the quarantining of communicable disease and the abatement of nuisances, (sanitary or other), what might be termed the dirty work of the community. Highly efficient service was in many instances rendered under this plan, but it was not always appreciated and often gained for a real benefactor the ill will of his people. Naturally and frequently the public duties of the part time health officer were neglected for private practice when his services were most needed by the community and the part time plan has consequently come into disrepute.

THE FULL TIME COUNTY HEALTH UNIT. In 1911 the first full time county health unit was established in North Carolina. Additional units were soon inaugurated and so effective have they proven to be in promoting the health of the people that the County Unit has come to be recognized by health officials as the logical solution of the rural health problem and there were at the beginning of this year two hundred and eighty-seven units operating in thirty states. Ohio leads the list with forty-seven units.

The personnel of the county unit consists of a medical health officer with special public health training, at least one public health nurse, a sanitary inspector and an office clerk.

Among the many duties of the unit brief reference is made to the more important:

BUREAU OF COMMUNICABLE DISEASES—(Continued)

1. Health Education by means of lectures, printed pamphlets, health exhibits, articles and reports in newspapers, personal interviews and conferences.

2. Communicable disease control by stimulation of prompt reporting, prompt investigation of all cases and suspected cases of communicable diseases, utilize available laboratory facilities for recognition of cases and carriers and for determining the time for terminating the period of isolation, arranging for free clinics for diagnosis of venereal disease and free treatment of indigent patients, provision for immunization against diseases that can be prevented in that way.

3. Inspection and laboratory examination of water supply and endeavor to secure such improvements as will give assurance of a safe supply for schools, public buildings and homes.

4. Advise individuals and authorities of cities and towns as to best methods of disposal of garbage, manure and sewage, encourage adequate screening and ventilation, discourage the use of common drinking cups.

5. Instruction in home sanitation care of mothers, infants and children, promotion of periodical health examinations and advice as to correction of defects, instruction of midwives and regulation of their practice.

6. Complete recording and reporting of all activities as an index of the value of the work and a basis upon which to secure funds for its continuation.

Provisions for the establishment of a Florida Unit in Polk County have been practically completed and it is expected that the new unit will be ready to function by January 1st, next.

HAVING HOBBIES

"It matters little," says Dr. James F. Elder, in the July Ohio State Medical Journal, "just what line the mind follows for relaxation so long as one's regular duties and responsibilities are completely forgotten and some pleasurable and less important matter takes their place. If one may take a natural interest in such recreation, so much the better. But if you are one of those crabs that has no natural bent in this way, then quickly develop a trivial hobby of some kind. You certainly are heading rapidly for early and premature physical and mental old age if you do not take and enjoy regular mental as well as physical recreation."

BUREAU OF ACCOUNTING

Screven Dozier, Auditor

RECEIPTS

Balance after paying June, 1925 accounts	$96,048.47
July, 1925 Receipts	12,152.48
Total	$108,200.95

DISBURSEMENTS

July, 1925 Disbursements	$15,312.06
Balance	$92,888.89

DISBURSEMENTS FOR JULY, 1925 ITEMIZED

Administration	$2,447.04
Engineering	3,127.06
Laboratories	4,353.76
Vital Statistics	1,629.37
Communicable Diseases	1,312.81
Multigraph	136.92
Child Welfare	1,530.39
Sheppard-Towner % Orthopedic	774.71
	$15,312.06

DR. LEVY COMES TO FLORIDA

That public health is a good investment was decided by the City of Tampa, when they engaged Dr. E. C. Levy, formerly Health Commissioner of the City of Richmond, Virginia.

Dr. Levy began his services with the City of Tampa, September 15. He brings to his new endeavors years of experience under Southern conditions. He is one of the outstanding health officers of the Country, and we congratulate Tampa on securing his services.

DR. BEAN COMES HOME

After an absence of eight years Dr. J. R. Bean, returns to the Laboratories of the State Board of Health. During his absence Dr. Bean spent two years in the service, fifteen months of which time was overseas. Was for four and one-half years in charge of the Jefferson County Laboratory at Birmingham, Alabama, this being a state, county and city laboratory, and for the past eighteen months has been in charge of the City Laboratory at Savannah, Georgia.

BUREAU OF SANITARY ENGINEERING

Ellsworth L. Filby, C. E., Chief Engineer

LIST OF CERTIFIED TOURIST CAMPS, STATE OF FLORIDA

Sept. 15, 1925.

LOCATION	NAME	OWNER OR OPERATOR
Arcadia	Arcadia Camp	Berger & Sackett
Bradentown	Bradentown City Camp	L. L. Hine, C. C.
Bradentown	Braden Castle Camp	W. B. Jacobs
Brooksville	Tourist Camp	E. L. Yaw
Biscayne Park	Biscayne Para Camp	Dad Hawkins
Clearwater	Clearwater Auto Camp	M. L. Whitfield
Dade City	Dade City Camp	A. P. & C. Bancroft
Daytona	Cole's Tourist Camp	Mrs. M. Danas
Daytona	Highland Tourist Camp	W. L. Hamilton
Daytona	Patterson Tourist Camp	Mrs. E. Patterson
Daytona	Yankee Camp	Mrs. M. Yelvington
Delray	Zeder Tourist Camp	J. A. Zeder
Dunnellon	Tourist Camp	City
Eau Gallie	Rocky Water Camp	S. A. Perry
Ellaville	Sewannee Camp	H. C. Neegel
Eustis	Eustis Auto Camp	Mrs. K. A. McKay
Eustis	Eustis Motor Camp	F. E. Steel
Espanola	Live and Let Live	W. P. Axson
Flagler Beach	Flagler Beach Camp	Arthur Gravel
Ft. Pierce	Ft. Pierce Dixie Highway	Folk and Coulson
Ft. Pierce	Ft. Pierce Auto Camp	S. L. Willis
Gainesville	Gainesville Auto Camp	J. W. Van Horn
Green Cove Sprgs.	Green Cove Springs Camp	City
Haines City	Haines City Auto Camp	Clark Bradbury
High Springs	Columbia Springs Camp	M. D. Davidson
Hollywood	Major Camp	W. E. Major
Hollywood	McBeth Tourist Camp	H. L. McBeth
Hollywood	Sherwood Tourist Camp	C. E. Boylan
Jacksonville	North Shore Beach	L. D. Yates
Jacksonville	Florida Tourist Camp	E. C. Burakat
Jacksonville	Phoenix Park Camp	J. G. Stevens
Lake City	Lake City Tourist Camp	Dicks & Barwick
Lake City	Duval Tourist Camp	C. B. Messer
Lake City	Lake View Park Camp	Rev. E. L. Roy
Lake Alfred	Camp Monson	John Monson
Lakeland	Lakeland Auto Camp	Kimbrough & Fra.
Lake Worth	Lake Worth Tourist Camp	City
Lantana	Lantana-Lake Worth Camp	
Leesburg	Lake Side Tourist Camp	City
Lemon City	Lemon City Tourist Camp	Mrs. Porter
Lemon City	Montgomery Auto Camp	G. J. Montgomery
Lemon City	Buck Eye Auto Camp	W. I. Peters

BUREAU OF SANITARY ENGINEERING—(Continued)

Lockhart	Log Cabin Auto Camp	W. S. Roger
Little River	Magwood Auto Camp	R. H. Magwood
Little River	Little River Shore Camp	George W. Taylor
Little River	Nance Auto Camp	J. C. Nance
Little River	Billo Tourist Camp	Wm. F. Scheller
Melbourne	Riverview Tourist Camp	W. P. Sloan
Melbourne	Midway Tourist Camp	Art. Ratliff
Melbourne	Sunset Lodge Camp	D. C. Dorman
Marianna	Marianna Tourist Camp	I. F. Dial
Monticello	Clarke Tourist Camp	I. T. Lowery
Miami	McDonald Auto Camp	D. McDonald
Miami	Price's Camp	H. W. Price
Miami	Miller's Auto Camp	Mr. Miller
Miami	Hoffman Tourist Camp	L. A. Hoffman
Miami	Morgan's Auto Camp	T. H. Morgan
New Smyrna	O. M. Poolo, N. S. Camp	O. M. Poole
New Smyrna	Bass'Auto Camp	Z. Bass
New Port Richey	New Port Richey	E. S. Wright.
Ocala	Ocala Tourist Camp	T. Perkins
Okeechobee	Page's Tourist Camp	W. R. Page
Orlando	J.E.Stevenson,N.Centr.Ave.	Camp, City
Palmetto	Palmetto City Camp	City
Pensacola	Bay View Park	S. Forsyth
Sanford	Shorts Auto Camp	D. W. Short
Seffner	Seffner Auto Camp	Watkins&McKurth
St. Petersburg	Lewis Tent City	John Anthony
St. Petersburg	Pine City Auto Camp	O. K. Miller
St. Cloud	Alligator Lake Camp	E. B. Richards
South Jacksonville	Tourist C. (Goodbys Lake)	Clyde Clayton
South Jacksonville	Fletcher Park Camp	Lee Huntley
Sarasota	Sarasota Auto Camp	J. W. Brooks
Stuart	St. Lucie Tourist Camp	G. W. Woodrum
Stuart	Stuart Auto Camp	G. W. Woodrum
Tampa	Nebraska Ave. Camp	Frank Auer
Tampa	Memorial Highway Camp	C. G. Bartholomew
Tampa	De Soto Park Camp	Wm. S. Crosby
Tampa	Oak Springs Camp	J. E. Whitcomb
Tampa	De Soto Park Annex	W. G. Lynch
Tampa	Six Mile Creek Camp	A. Parsons
W. P. Beach	W. P. Beach Tourist Camp	City
Winter Park	Osceola Tourist Camp	N. H. Wiggins
St. Augustine	O. M. Post's Camp	O. M. Post
St. Augustine	Dillons Camp	G. M. Dillon
Sanford	Tourist Camp	R. H. Booth
De Land	De Land Auto Camp	City

CHILD WELFARE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

RURAL PUBLIC HEALTH NURSING

In any well planned health program the public health nurse has a definite place, and particularly where the work is in the pioneer stage, it is necessary that the nurse come to her job well equipped to organize her community as well as put over her program. For this reason only well qualified nurses should be employed.

One of the mistakes commonly made is to make the program so heavy that it is impossible for the nurse to put it over. This, because of the emergencies and interruptions that are bound to come daily. Accidents will happen on the school ground, children will become suddenly ill in school, and imperative demands may be made on the nurse's time on short notice in the community, therefore in planning her definite program she should leave time for emergencies.

The nurse doing rural work usually has the country schools, if not for intensive work, at least for inspections and for communicable diseases. Home follow-up is the natural sequence and in this way the nurse makes her contacts with the family. A well meaning community may wish to give the nurse full charge of her work with neither nursing committee nor supervision, feeling that she as a professional person should know her own task best. This may work out well in some instances but it is always best that there be either some one person or a committee to whom the nurse turns in her reports and from whom she can have support and advice. She might perfect her organization in the following manner; by getting together all the interested groups and individuals for a conference with discussion of the matter in hand. This conference should take in the representative people of the community or county and it is good to have some outside person present who can explain at length the duties of the Public Health Nurse. A Secretary should be appointed for the meeting so that a permanent record can be made of proceedings. The district to be covered is outlined and the approximate number of people to be served. If school work is to be done, the school enrollment is carefully noted so that proper plans may be made to cover it. The type of work to be done, the arrangement for report and record, transportation and supplies, duty hours, vacation and an emergency fund or an arrangement for one be done by the nurse.

There should be a very definite understanding about duty hours and type of work. For years the nurse has been looked upon as a individual set apart and trained to care for people in sickness or distress and it has been taken for granted that as she acquired her professional knowledge she lost all desire for the social life which is a necessity to every normal individual. More than any other person the nurse, who is constantly dealing with abnormal

CHILD WELFARE AND PUBLIC HEALTH NURSING—(Cont.)

conditions, needs to get entirely away from her job if she would not become narrow and one sided. Recreation is as necessary as rest and she should have time and opportunity for both. Many times a nurse is asked to take emergency night work. This is unfair to the person needing the care and to the nurse. Only a physician can make a diagnosis or prescribe treatment, therefore he is the one to be called. Another very good reason is that public health nursing work should not be confounded with curative work. The nurse's job is to educate her community to positive health and all her efforts should tend to this end.

A definite outline of work at the beginning will obviate any misunderstanding in the minds of people and this should be made and published so that all may be acquainted with the nurse and her job. The nurse should have time during duty hours, for her clerical work and there should be a strict accounting to the community or county of work done, any expenditures or funds handled.

It is the concensus of opinion of the best health educators in the country that since the home is the center of civilization and the parents the rightful guardians of their children, that information should be gotten into the homes to the mothers regarding the care of the family. On the face of it, it would seem an endless process, slow and full of discouragements and with nothing of the spectacular about it, but to one who has gone into the country homes over a period of years there is nothing more fascinating or interesting or satisfying than to have the time and the opportunity to sit down quietly, away from the glare of a noisy meeting, and talk to a mother about all the little details of family life which she will gladly bring up if given the opportunity.

No opportunity should be lost by the nurse to discuss her work before the various organizations and although the nurse should have her place in the community life, she should not be asked to burden herself with official positions on committees or teaching classes.

The nurse should have living quarters away from her office and in helping with this arrangement the women of the community can be of valuable assistance and their friendly interest in helping her make her social contacts will go far toward making the nurse at home in their community.

Following is a paragraph from a letter received from a county nurse: "Shake hands with me—At last we are to have the school yard fenced!, and the little store on the corner is to be turned into a school lunch, the menu to be under my supervision, also they will keep school supplies AND ONLY SUCH CONFECTIONERY AS I ADVISE—HURRAH!"

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

Total Deaths (Including Non-Residents) and Non-Resident Deaths by Color and by Counties. 1924.

	COUNTIES	DEATHS			NON-RESIDENT		
		Total	White	Colored	Total	White	Colored
0.	State	15,797	9,258	6,539	945	804	141
1.	Alachua	424	186	238	19	15	4
2.	Baker	57	37	20	1	.....	1
3.	Bay	173	128	45	3	3	.....
4.	Bradford	83	55	28	.....	.....	.....
5.	Brevard	150	104	46	15	13	2
6.	Broward	124	67	57	3	3	.....
7.	Calhoun	79	45	34	1	1	.....
55.	Charlotte	27	23	4	2	2	.....
8.	Citrus	69	33	36	2	1	1
9.	Clay	83	56	27	7	6	1
62.	Collier	4	4	.....	.....	.....	.....
10.	Columbia	198	97	101	25	19	6
11.	Dade	1,126	706	420	90	85	5
12.	DeSoto	111	86	25	9	9	.....
56.	Dixie	45	22	23	1	1	.....
13.	Duval	2,125	966	1,159	307	206	101
14.	Escambia	698	423	275	26	20	6
53.	Flagler	22	12	10	1	.....	1
15.	Franklin	59	27	32	.....	.....	.....
16.	Gadsden	716	305	411	252	129	123
57.	Glades	10	8	2	.....	.....	.....
17.	Hamilton	125	48	77	2	2	.....
58.	Hardee	101	86	15	.....	.....	.....
63.	Hendry	3	3	.....	.....	.....	.....
18.	Hernando	52	41	11	2	2	.....
59.	Highlands	32	23	9	1	1	.....
19.	Hillsboro	1,300	911	389	219	162	57
20.	Holmes	79	65	14	.....	.....	.....
21.	Jackson	330	171	159	1	1	.....

BUREAU OF VITAL STATISTICS—(Continued)

	COUNTIES	DEATHS			NON-RESIDENT		
		Total	White	Colored	Total	White	Colored
22.	Jefferson	231	45	186	2	.....	2
23.	Lafayette	54	45	9	.....	.....	.....
24.	Lake	245	171	74	20	19	1
25.	Lee	155	112	43	3	3	.....
26.	Leon	268	78	190	3	3	.....
27.	Levy	153	83	70	.....	.....	.....
28.	Liberty	59	33	26	1	1	.....
29.	Madison	179	72	107	.....	.....	.....
30.	Manatee	200	120	80	2	1	1
31.	Marion	377	158	219	6	5	1
32.	Monroe	229	154	75	9	8	1
33.	Nassau	126	52	74	1	1	.....
34.	Okaloosa	95	83	12	.....	.....	.....
54.	Okeechobee	21	16	5	2	1	1
35.	Orange	561	400	161	112	101	11
36.	Osceola	150	119	31	10	9	1
37.	Palm Beach	444	263	181	91	70	21
38.	Pasco	157	114	43	8	8	.....
39.	Pinellas	705	537	168	226	212	14
40.	Polk	661	486	175	28	22	6
41.	Putnam	257	106	151	15	1	14
42.	St. Johns	249	141	108	47	37	10
43.	St. Lucie	130	93	37	13	11	2
44.	Santa Rosa	145	96	49	.....	.....	.....
60.	Sarasota	71	57	14	5	4	1
45.	Seminole	221	100	121	8	8	.....
46.	Sumter	97	63	34	1	1	.....
47.	Suwannee	214	111	103	3	2	1
48.	Taylor	124	80	44	2	1	1
61.	Union	51	30	21	1	.....	1
49.	Volusia	490	328	162	36	33	3
50.	Wakulla	51	22	29	.....	.....	.....
51.	Walton	119	78	41	1	.....	1
52.	Washington	103	74	29	1	1	.....

BUREAU OF VITAL STATISTICS—(Continued)

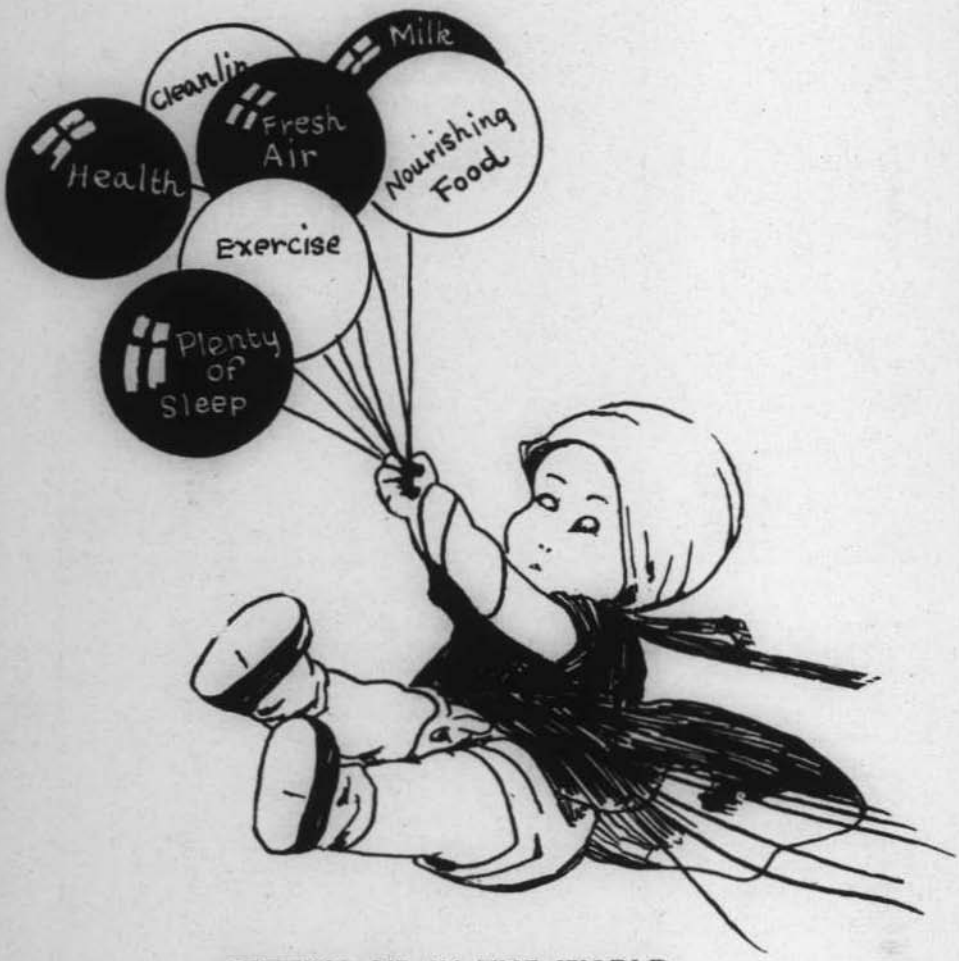
Total Deaths (Including Non-Residents) and Non-Resident Deaths by Color and by Municipalities. 1924.

MUNICIPALITIES	DEATHS			NON-RESIDENT		
	Total	White	Colored	Total	White	Colored
Municipalities over 100,000 Population						
Jacksonville	1,816	773	1,043	369	252	117
Municipalities 10,000 to 100,000 Population						
Key West	229	154	75	12	9	3
Miami	913	560	353	200	163	37
Orlando	373	261	112	141	119	22
Pensacola	494	286	208	47	35	12
St. Petersburg	495	378	117	195	195	.....
Tampa	910	604	306	184	127	57
West Palm Beach	286	147	139	85	53	32
Municipalities 5,000 to 10,000 Population						
Daytona	162	103	59	49	37	12
Fernandina	58	16	42	3	3	.....
Gainesville	139	59	80	19	12	7
Lakeland	214	183	31	42	39	3
Ocala	124	68	56	19	11	8
Palatka	122	41	81	17	4	13
St. Augustine	191	121	70	53	44	9
Sanford	124	59	65	17	11	6
Tallahassee	119	47	72	6	5	1
West Tampa	82	58	24	3	3	.....
Municipalities 2,500 to 5,000 Population						
Apalachicola	42	17	25	.....	.....	.....
Arcadia	77	57	20	10	10	.....
Bartow	64	39	25	8	4	4
Bradentown	52	39	13	11	10	1
Clearwater	47	33	14	8	7	1
DeLand	90	58	32	12	11	1
Fort Myers	117	77	40	14	11	3
Kissimmee	54	36	18	7	6	1
Lake City	79	47	32	28	22	6
Live Oak	48	22	26	3	1	2
Marianna	34	18	16	1	1	.....
Palmetto	25	11	14	1	1	.....
Plant City	55	32	23	8	4	4
Quincy	48	18	30	1	1	.....
Sarasota	52	43	9	16	15	1
So. Jacksonville	50	28	22	6	6	.....

BUREAU OF VITAL STATISTICS—(Continued)

Total Deaths (Including Non-Residents) and Non-Resident Deaths by Municipalities. 1924.

MUNICIPALITIES	TOTAL Deaths	Non-Res.	MUNICIPALITIES	TOTAL Deaths	Non-Res.
Municipalities 1,000 to 2,500 Population					
Blountstown	6	.....	Leesburg	41	3
Bonifay	30	1	Madison	30	.....
Brooksville	14	.....	Manatee	34	2
Carrabelle	14	1	Millville	31	2
Chipley	25	1	Milton	41	1
Cocoa	20	2	Monticello	28	.....
Cocoanut Grove	14	.....	Mulberry	9	.....
Crystal River	1	1	New Smyrna	9	.....
Dade City	40	20	Ormond	13	.....
Daytona Beach	24	9	Palm Beach	14	9
DeFuniak Springs	21	.....	Panama City	18	2
Delray	8	1	Perry	16	1
Dunnellon	17	2	Port Tampa City	9	.....
Eustis	31	6	Punta Gorda	20	1
Fort Lauderdale	70	13	St. Andrews	15	1
Fort Meade	30	3	St. Cloud	51	6
Fort Pierce	45	3	Starke	19	4
Green Cove Springs	32	2	Tarpon Springs	48	8
High Springs	24	.....	Titusville	32	3
Homestead	19	3	Wauchula	40	1
Inverness	17	.....	Williston	4	.....
Jasper	12	.....	Winter Garden	21	1
Lake Helen	20	3	Winter Haven	33	2
Lake Worth	54	23	Winter Park	24	5
Municipalities 500 to 1,000 Population					
Alachua	2	.....	Jennings	3	.....
Apopka	20	3	Lake Butler	14	.....
Auburndale	13	1	Lake Wales	19	2
Avon Park	5	.....	Largo	18	3
Bowling Green	15	.....	Lynn Haven	26	3
Branford	8	.....	Mayo	8	.....
Bunnell	14	2	Melbourne	15	2
Callahan	9	2	Miami Beach	4	.....
Cedar Keys	5	.....	Micanopy	9	.....
Center Hill	16	.....	Moore Haven	9	.....
Citra	5	.....	Mount Dora	18	7
Coleman	14	1	Newberry	13	1
Crescent City	17	.....	Noma	2	.....
Crestview	10	1	Okeechobee	16	3
Dania	6	1	Orange City	10	2
Dunedin	10	3	Pompano	21	1
Eau Gallie	9	.....	Seabreeze	14	.....
Ellenton	4	.....	Sebring	15	1
Graceville	9	.....	Stuart	25	4
Greenville	8	.....	Umatilla	16	1
Haines City	26	2	Vero City	15	5
Hastings	12	3	Waldo	9	.....
Hawthorn	7	.....	White Springs	31	3
Hilliard	10	.....	Wildwood	10	.....
Holt	1	.....	Zephyrhills	23	6



GETTING UP IN THE WORLD

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HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA

HEALTH NOTES

OFFICIAL BULLETIN
PUBLISHED MONTHLY BY THE

STATE BOARD OF HEALTH

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Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

B. L. ARMS, M. D., STATE HEALTH OFFICER
Jacksonville

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Jacksonville	Estelle Bonner, R. N. (Col.)

†Supervisors

‡Address all correspondence care State Board of Health, Jacksonville.

ADMINISTRATION

B. L. Arms, M. D., State Health Officer

*FLORIDA'S FUTURE

In this day of rapid expansion along so many lines, when new subdivisions spring up over night, when real estate values double and redouble within incredibly short periods it is well to pause a moment to think of the future.

Have we prepared for the changed conditions that confront us?

With our population doubled in many sections during the past year what steps have been taken to protect those who come, and to be sure they do not bring with them disease that may be transmitted to those already here.

Has it occurred to you that now to a greater extent than has existed since the days of yellow fever, the economic future of our state depends on the health of the people of the entire state.

You have answered the question so far as Tampa is concerned, by putting at the head of your health department a man who has been tried and who has not been found wanting. A man who by his merit won the highest honor that could be conferred on a public health official when in 1922, he was chosen President of the American Public Health Association.

I cannot resist the temptation to cite two incidents that I shall always remember:

Many years ago I was given an office at Massachusetts Institute of Technology in the department of Professor W. T. Sedgwick, one of the pioneers in the training of young men for the public health field, and at one of his classes composed largely of graduate students who were taking the public health course, Professor Sedgwick was discussing municipal health work and told the men if they ever had the chance to go to Richmond they should by all means call on Dr. Levy, whom he considered one of the best city health officers in the country.

The other incident was from an entirely different angle but was very interesting to me. Dr. Levy and I were members of the National Commission on Milk Standards from its inception. The Commission was brought into existence by the New York Milk Committee primarily to better the milk supply of the City of New York, but also to consider the entire milk situation of the country, and was composed of administrators, chemists and bacteriologists who gave their time and thought while the New York Committee paid the expenses of the meetings.

Dr. Levy had told us of the conditions at Richmond and I must say many of us were somewhat skeptical. One meeting was held at Richmond and this was a joint meeting, there being a committee of the large producers present. Being an early riser I was in the lobby of the hotel the first morning and one of the producers came down and we went on a tour of inspection unattended. We asked for the location of the distributing plants and paid them a visit, but they did not satisfy

ADMINISTRATION—(Continued)

the producer who was sure he could find one that was not absolutely clean but we could not. Later we were taken to see the dairies and as we started out Dr. Levy said, "we will take them as they come and if any of you see one we are leaving out, just speak of it." Before the end of that trip he proved to the satisfaction of all, that he had only told us exactly what they had, and if there is a city that has a cleaner source of milk supply than Richmond had in 1912, I certainly would like to see it.

You have a man who can make Tampa famous for her health conditions, but he will need your cooperation and your backing. He must have constant help from the Medical Society as well as from the City Government, for he will need a trained staff to assist in carrying on the work.

Public health work is a specialty, and special training is just as essential for the public health worker as it is for the surgeon, or the specialist along other medical or surgical lines, and there is this difference—when a patient goes to a specialist it is a question of the health or life of one individual, whereas the public health worker is responsible for the life and health of an entire community. No well informed person would think of taking his watch to a blacksmith to have it repaired, nor would he go to any but a trained specialist for the treatment of an eye condition, then why not realize that community health needs specialists and the better they are the surer you are to get satisfactory results..

We have considered your local problems and as you think of them you know they are many and great, now let us consider briefly some of the problems the State Board of Health is facing for we need your help.

For over a year Dr. F. A. Brink, Director of the Bureau of Communicable Diseases, has been unable to find a sufficient number of trained men to serve as district health officers, for he could not offer as large salaries as were paid in surrounding states for county health officers.

The last legislature fixed the salary of district health officers at $3000.00. It was a cut of $200.00 from the salary paid since January, 1924, and at that figure we could not get the men. When the cut was made we lost one of the two men we had. We were allowed five district health officers, we need many more than that number, we need trained men and to get them we must be allowed to offer a salary that will attract competent men.

Georgia has nineteen full time county health officers, of these ten are receiving salaries ranging from $3396.00 to $5599.92.

Alabama has twenty-eight county health officers and while I have not the figures paid each, Dr. Welch said, "Some of them are getting $4,000.00 per year," and Jefferson County is paying her health officer $7500.00.

ADMINISTRATION—(Continued)

In the laboratory division many of the workers are much under paid and some of them had their salaries reduced by the last legislature.

We need more sanitary engineers, for one man cannot supervise the water and sewage problems of all the new subdivisions being opened through the State. We need more sanitary inspectors for the auto tourist camp situation constitutes a tremendous problem.

The people arriving at these camps come from all parts of the country, and on the way, have been liable to pick up infections of various kinds.

Each year recently with the arrival of tourists, the number of cases of typhoid has increased ,and this year with an unusual number of cases of this disease in nearly every state, it is reasonable to expect that we may have our usual increase. We need a sufficient force of trained men both health officers and inspectors, that we may prevent secondary cases following any imported cases, for we are sure to have cases develop among such a large number of new arrivals.

It is also reasonable to expect that cases of other diseases such as diphtheria and scarlet fever may be brought in by some of the large number of new comers, and we must be prepared to see that there is no spread from the primary cases.

The schools all over the State will be overcrowded and only Divine Providence together with preparedness and close supervision will enable us to get through the season without a serious epidemic.

Governor Martin, appointed as members of the State Board of Health, three men who can be depended upon to see that the millage allowed for the State Board of Health will be expended in such a manner that the State will get value received for every dollar expended, and I trust that the special session of the Legislature will see the wisdom of taking all restraints off the State Board millage and allow the Board a free hand to meet emergencies as they arise.

Not even the most optimistic could have foreseen the extent of the multitudes coming to the State and it has placed a tremendous responsibility on the State to see that health conditions are not only as good as those left behind, but that they are better, and that they are safeguarded in every possible way.

In closing I wish to thank you for the privilege of being with you to extend welcome to an old and tried friend, and to congratulate you on securing such an outstanding public health administrator to safeguard the growth of your city, and to plead for your continued cooperation with him and with the State Board of Health that we may assure those who come, that their health will be protected in all parts of our grand old State making it not only the best state in which to live but also the safest.

*Read before the Hillsboro County Medical Society, Oct. 6, 1925.

ADMINISTRATION—(Continued)

On the inside page of the front cover appears a list that anyone interested can refer to at any time. This list will be kept up to date monthly and we are very glad to say that next month's "Notes" will carry at least two more District Health Officers' names.

The various departments of the State Board of Health are maintained for your service and we desire to make it as easy for you to call on any department as possible.

It must be borne in mind that each of the field staff has many counties to cover, hence is not at headquarters much of the time, but the district health officers and sanitary officers can be reached by applying directly to their headquarters addresses, while the nurses can be reached by writing directly to Jacksonville, as they may be away from their headquarters for weeks at a time being occupied in some other county in their district.

With the death September 27th, of Dr. E. R. Kelley, State Health Commissioner of Massachusetts, the public health profession has lost one of its strongest men. For over twenty years, Doctor Kelley has been an outstanding figure in public health councils and his passing will be mourned by all.

W. A. Claxton, M. D., formerly district health officer in west Florida, but recently in the United States Veterans Bureau Hospital at Osteen, North Carolina, has resumed his connection with the State Board of Health and will enter at once on his duty as district health officer in District Number 2, with headquarters at the Miami Laboratory.

L. M. Coulter, M. D., recently of Yonkers, New York, has been appointed district health officer in District Number 3, with headquarters at Tampa. Doctor Coulter served in the medical department of the army during the war and has since had special study and experience in public health work. He was in his early youth, a resident of Saint Augustine, where his father practiced medicine.

D. S. Fraser, M. D., recently with the International Health Board at Andalusia and Montgomery, Alabama, has been appointed district health officer for west Florida and will go immediately to his district. His headquarters will be in the State Board of Health Laboratory at Pensacola.

BUREAU OF DIAGNOSTIC LABORATORIES

James R. Bean, M.D., D.P.H., Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING THE MONTH OF SEPTEMBER, 1925

	Jackson-ville	Tampa	Pensa-cola	Miami	Talla-hassee	Total
Animal Parasites	575	415	35	21	208	1264
Diphtheria	1614	82	15	28	17	1756
Typhoid	250	217	37	30	31	565
Malaria	280	229	35	30	59	633
Rabies	8	12	.....	4	.....	24
Tuberculosis	173	96	25	26	17	337
Gonorrhoea	304	225	55	66	11	661
Syphilis	2179	471	.....	.....	.....	2650
Water: Bact. Exam.	.....	16	.....	137	1	154
Water: Chem. Exam.	.....	.....	.....	.....	1	1
Milk: Bact. Exam.	49	.....	.....	172	4	225
Milk: Chem. Exam.	49	.....	.....	389	4	442
Miscellaneous	24	24	1	12	5	66
	5505	1787	213	915	358	8778

Specimen Containers Distributed During September, 1925 8451

BIOLOGICAL PRODUCTS DISTRIBUTED DURING SEPTEMBER 1925

Diphtheria Antitoxin	10,000 units	166 Packages
	5,000 units	63 Packages
Shicks		300 Tests
Toxin Antitoxin		407 c.c.
Tetanus Antitoxin	20,000 units	6 Packages
	10,000 units	27 Packages
	1,500 units	570 Packages
Antimeningococcus Serum		20 Cylinders
Typho Bacterin	TRIPLE	396 Packages
	PLAIN	1018 Packages
Vaccine Virus		2460 Points
Antirabic Virus		31 Treatments

Carbon Tetrachloride ..... 1083 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO THE LABORATORY

BUREAU OF SANITARY ENGINEERING

Ellsworth L. Filby, C. E., Chief Engineer

OYSTERS —R—

Once again with the advent of cool weather and the "R" months the once unassuming oyster is with us again. The oyster was afforded considerable adverse publicity last year when it was widely advertised by the press as the agency whereby typhoid fever had been transmitted from a point on the northeastern seaboard to the cities of Chicago, New York and Washington. As a result the oyster industry, badly crippled, appealed to the health authorities and a process of "certification" of oysters has been worked out—after a series of conferences between health authorities and oyster producers.

The U. S. Public Health Service during the summer of 1925, trained a corps of engineers in the method of procedure of oyster sanitation and these men are now at work assisting the various oyster producing states in their individual problems. In Florida Mr. O. C. Hopkins represents the Service and has been working largely with Capt. C. N. Hobbs, West Florida District Sanitary Officer of the State Board of Health, in the vicinity of Apalachicola and Panama City. Commissioner Hodges of the State Shell Fish Commission has aided actively in this work by personal assistance and the use of his marine equipment. The first steps consisting of rather rough sanitary survey of the oyster producing areas about Apalachicola (our main oyster producing area) have been taken and samples of water and oysters examined by the laboratory of the Bureau of Engineering State Board of Health. This work has been done by Miss L. W. Starck who will handle the oyster samples as they come in during the winter.

The procedure of sanitary survey consists of a study of existing sanitary conditions of the waters in the vicinity of the oysters beds—the locating of polluting sources such as city sewer out-falls, etc., and the sanitary conditions of the cities where the oysters are shucked with special attention to the prevalence of typhoid. Then trips to the beds are made and samples of water and oysters taken for bacteriological examination. The water samples are taken in sterile glass bottles and a dozen oysters placed in a cloth sack and properly tagged so that both can be identified as to location. At the same time the temperature and salinity of the waters are taken. Oyster samples and water are packed in ice cream tubs, thoroughly iced and expressed to the State Board of Health at Jacksonville. Samples are usually received within 24 hours and the use of ice cream tubs have greatly facilitated the matter of keeping tem at low temperatures.

At the laboratory the waters are incubated for the development of bacteria commonly associated with human discharges and if these develop they are further confirmed and an index of the contamination of the oyster thus arrived at. This all reads very simple but anyone watching the necessary work will easily conclude that extreme care

BUREAU OF SANITARY ENGINEERING—(Continued)

must be exercised at all times to get a true picture of the results. A slip in the procedure would give very erroneous results.

A correlation of the field work and laboratory data follows and then the oyster beds are ready for approval or not. The next step is the investigation of shucking houses—places where the oysters are opened, removed from the shell and packed for shipment in gallon or five gallon cans. Care must be exercised here for the employment of a typhoid carrier as a shucker might cause typhoid many miles away—then again we must insist that oysters are a food product and the rules of decent cleanliness must be observed about the packing plant. There must be steam or hot water for sterilization purposes—water used for washing the oysters must be plentiful and free from contamination—the men or women doing the work must be clean and free from communicable disease, flies must be excluded, kept at a minimum, there must be available water, soap and towels so that employees can easily cleanse their hands; a safe method of disposal of human wastes must be maintained, etc. Utensils must be so made as to be easily sterilized and the tin cans for shipping must only be used once. There are many other rules which must be carried out to insure a product that will satisfy the most critical. The rules and regulations were adopted by the Florida Department of Agriculture but are being enforced by the State Board of Health by frequent inspections.

If a shucking or packing plant meets all the requirements and the oysters handled by the plant are from unimpeachable sources then a certificate and number is given the establishment and all products leaving the plant must bear this certificate number on the container. Thus the oyster enters the class of other foods subject to Federal and State inspection and with this safe guard the oyster should soon increase tremendously in popularity as a food and hold its rightful place as an article "par excellence".

THE AUTO TOURIST CAMP—SEASON OF 1925-1926.

The tourist camp problem in Florida is one of great importance owing to the tremendous influx of visitors who come to our state by the auto route and who patronize these camps upon arrival. The problem in Florida is considerably different than in any other state with the possible exception of California. Florida is the end of the line; it is the stopping point. The camper arrives here in September and remains until May; in some instances they remain in the same camp throughout the season. The auto tourist camp is a community institution; it is here to stay. That camps should be sanitary and campers conduct themselves in a manner conducive to best sanitation are truths which should be better understood.

To handle the camp situation in Florida the State Board of Health through its division of Sanitary Engineering for several years has main-

BUREAU OF SANITARY ENGINEERING—(Continued)

tained strict supervision over all camps in the State, in accord with rulings promulgated by that Board. These rulings are rather rigid and require all camps to maintain sanitary regulations before being permitted for operation and no camp is allowed to operate without a permit from the State Board of Health.

For the past several weeks the District Sanitary Officers of the State Board of Health have been conducting a thorough, intensive survey and inspection of tourist camps in the State. Camps under construction, newly completed camps as well as established, approved camps, have been given careful investigation by these officers, and they report that it is gratifying to find so many camps in first class condition. Never before at this time of the year have camp operators been so well prepared to handle the incoming tourist. It is also gratifying to note the willingness on the part of camp operators to comply with the State Board of Health regulations. Constant supervision and inspection of camps will be conducted and further camps added to the list as requirements are met.

A list of approved certified camps which have been inspected and permitted to date, by the State Board of Health will be found on pages 128 and 129 of the October issue of the Health Notes.

BUREAU OF ACCOUNTING

Screven Dozier, Auditor

RECEIPTS

Balance after paying July, 1925 accounts	$92,888.89
August, 1925 Receipts	8,635.79
Total	$101,524.68

DISBURSEMENTS

August, 1925 Disbursements	$13,740.14
Balance	$87,784.54

DISBURSEMENTS FOR AUGUST, 1925 ITEMIZED

Administration	$2,343.29
Engineering	2,405.22
Laboratories	3,136.13
Vital Statistics	2,521.83
Communicable Diseases	1,119.77
Multigraph	125.00
Child Welfare	1,062.80
Orthopedic	1,026.10
	$13,740.14

CHILD WELFARE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

VALUES

"Nurse, can I have a drink, and can I have buttermilk please?" The words came from a quiet Russian woman, who had occupied a bed in womans surgical for two weeks and who rarely asked for anything "Yes indeed, Mrs. Samaroff, just a minute 'till I've made your neighbor comfortable," and little Miss Brown hurriedly but efficiently brushed out crumbs, smoothed wrinkles, shook up and turned the cool side of the pillows apparently all at the same time, and in a twinkling was through.

"Now, Mrs. Samaroff, are you sure you'd rather have buttermilk than a nice cool orangeade?" Oh! 'aint it too much trouble you make for yourself, Nurse?" "No", was the smiling reply, it's no trouble at all, just glad to do it for you."

"Oh! You're such a nice lady, Miss Brown,"—she hesitated a moment and with a shy smile said, "then I'd like the orangeade please," and away trotted Miss Brown to the diet kitchen for the refreshment for Mrs. Samaroff, to whom a few weeks in the Hospital ward, with good care and kindness was a bright spot long to be remembered, looked after her and repeated "Such a nice lady!"

A little later, as Miss Brown was making her way down the ward to tell the visitors that their hour was up—she stopped to smooth a very rumpled bed and from a little further down, in a hoarse whisper, caught the following conversation, "Josie, who is that lady with the blue dress and the little white cap on?" A moments pause, evidently Josie located Miss Brown, "Oh! her, Oh! Aunt Jen, she ain't no lady she's our nurse."

When Miss Brown reached Josie's bed, it was necessary for her to remember the admonition of her dignified grandmother who had often reminded her that one of the marks of a lady was a serene countenance.

"Aunt Jen" took her departure and again Miss Brown turned to her duties, this time to prepare her patients for tray-time, when she was informed over the ward phone that she was wanted in the office, from which she was directed to the small reception room. She was pleasantly surprised to see Robert Traynor, a former patient of hers on men's surgical who had laid for weeks while an old wound received "Over There" was made to heal.

"This is my wife, nurse—Miss Brown, my compensation came at last, they sent it all at once too, and we got married and we're going to live in the country, and my wife said she wanted to know you, nurse—Miss Brown and—and—"

Miss Brown shook hands with the bride, "Well, I am surprised and so glad the compensation came, and you're going to the country where you can be out-doors all the time, won't that be fine? Are

CHILD WELFARE AND PUBLIC HEALTH NURSING—(Cont.)

you familiar with the country Mrs. Traynor?" "Yes mam,—I was raised on a farm," and recovering from her shyness, she went on with a rush. "You were so good to Rob—he wouldn't be well but for you, he says so, and here's a present Rob and me want you to have for being such a friend," and she put a bulky Christmassy looking package in the astonished nurse's hands while the man continued, "Yes indeed, nurse—Miss Brown, I know all you done for us—how you wrote to Washington and told them about my papers bein' lost, and how you took the trouble to write my outfit, and find the men who knew me and all. We'll never forget how kind you been nurse—Miss Brown, for I tell my wife if ever there was a fallen angel you're one."

TREATING CHILDREN FOR WORMS

"Worms!" That is Grandma's favorite diagnosis for the ills of childhood and she does not let the family rest until some one has been sent to the drug store for Dr. So-and-So's Vermifuge.

Dr. Park J. White, a noted child specialist, says in the August Hygeia that even in this generation of intelligent care of the young, worms are likely to be considered guilty until or even after they have been proven innocent.

If a child grinds his teeth, picks his nose, or is restless and twitches, parents and grandparents are apt to think that worms are the cause. These habits may be symptoms of something quite different.

Children are afflicted with different kinds of worms, so that the first thing to do is to take the child to the doctor for him to study. When he learns if worms are present, then he can set about to combat them.

What conscientious parents must learn, says Dr. White, is that they must not give the child bad treatment for worms that do not exist. They must also find, if the child actually has worms, what kind they are and then must fight them to a finish with proper weapons.

WOMEN MORE EASILY UPSET OVER TRIFLES

While men and women react differently to the realities of life, and while both are afflicted with nerves, there is no doubt that women are more profoundly affected in the long run. Their nerves get out of tune more readily.

Countless reasons exist for this physiological fact. Woman's organism is such that she gives way more quickly to tension, in the strain and stress of existence. While she can endure physical and mental pain more stoically and rise heroically to great calamities, she permits the little pin-pricks of daily life to upset her equilibrium and poise more than does man.—Hygeia.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

BARRED OUT, OFFICIAL RECORDS SHOW NO BIRTH

Jusef Szmulski, born in Bridgeport, Maine, October, 1900, returned this month from a year's visit to his parental home in Poland and finds he cannot enter this country until he proves his citizenship. Pending this he is being held at Ellis Island.

He has written the State Department of Health for a certified copy of his birth which would be suffcient evidence to permit his immediate entry. Unfortunately, we have no such record, nor has the City of Bridgeport, because the original certificate of birth was never filed or put on record. Now he must wait until he can secure affidavits of his birth, failing which he will be deported.

Many requests are received for certified copies of birth certificates so that minors may prove that they are of working age. Some are denied because they lack the record.

Children must prove age before admittance to the public schools. Without a birth certificate this is not an easy thing to do.

It is imperative in law, when the right of inheritance is questioned, that a certified copy of birth be presented. This proves beyond doubt who the legal heir is. Without it there may be long suits and litigation.

In addition to the above, birth certificates are necessary to prove legitimacy, age for pensions, military and jury duty, and voting.

Mothers, can you prove the birth rights of your children? Are their births recorded? Have you been notified that your baby's birth certificate is on record with the State Board of Health. If you are not notified within two months after the birth of the child, write and ask why.

The best industrial sanitary device is a man with an intelligent sanitary conscience.—Hygeia.

If a periodical examination and overhauling of your automobile by an expert tends to increase the efficiency of and to lenghen the life of your car, why wouldn't it be wise to have your family doctor perform the same sort of service for your human machine? It is impossible to buy new parts for the human machine.

There are few things of so great importance to each of us as his health. Upon it depends largely his attitude toward life and his relationship to his fellow man. Generally speaking, those physically well are prosperous and efficient and the sick or diseased unsuccessful and inefficient.

BUREAU OF VITAL STATISTICS—(Continued)

Number of Births, Deaths and Non-Resident Deaths for August, 1925 as compared with August, 1924

	COUNTIES	BIRTHS 1925	BIRTHS 1924	DEATHS 1925	DEATHS 1924	NON-RESIDENT 1925	NON-RESIDENT 1924
0.	State	2056	2404	1129	1171	56	31
1.	Alachua	28	74	12	25	.....	1
2.	Baker	12	17	1	5	.....	.....
3.	Bay	14	21	10	13	.....	.....
4.	Bradford	9	10	5	2	.....	.....
5.	Brevard	25	13	7	12	1	.....
6.	Broward	30	19	16	10	2	.....
7.	Calhoun	18	28	5	6	.....	.....
55.	Charlotte	2	3	.....	2	.....	.....
8.	Citrus	8	12	2	3	.....	.....
9.	Clay	4	7	5	8	.....	.....
62.	Collier	2	1	.....	.....	.....	.....
10.	Columbia	23	26	12	17	3	1
11.	Dade	210	191	130	83	11	.....
12.	DeSoto	6	20	9	7	1	.....
56.	Dixie	8	7	2	4	.....	.....
13.	Duval	264	267	178	167	22	15
14.	Escambia	74	104	44	55	3	1
53.	Flagler	.....	.....	.....	.....	.....	.....
15.	Franklin	13	9	1	4	.....	.....
16.	Gadsden (3)	32	48	56	60	20	17
57.	Glades	3	4	.....	.....	.....	.....
17.	Hamilton	23	20	8	12	.....	.....
58.	Hardee	5	25	3	9	.....	.....
63.	Hendry	1	1	.....	1	.....	.....
18.	Hernando	7	6	.....	4	.....	.....
59.	Highlands	12	5	2	2	.....	.....
19.	Hillsboro	282	246	118	107	20	23
20.	Holmes	23	19	2	7	.....	.....
21.	Jackson	50	63	19	30	.....	.....
22.	Jefferson	27	29	9	22	.....	.....
23.	Lafayette	1	13	.....	3	.....	.....
24.	Lake	32	44	11	18	.....	1
25.	Lee	19	22	9	11	.....	.....
26.	Leon	20	41	9	22	.....	.....
27.	Levy	16	23	14	16	.....	.....
28.	Liberty	4	11	5	4	.....	.....
29.	Madison	24	38	15	13	.....	.....
30.	Manatee	18	40	19	11	4	.....
31.	Marion	33	61	23	35	2	.....
32.	Monroe	40	43	16	19	.....	.....
33.	Nassau	12	22	5	7	.....	.....
34.	Okaloosa	23	22	2	5	.....	.....
54.	Okeechobee	5	9	.....	3	.....	.....
35.	Orange	45	71	37	38	3	1
36.	Osceola	10	10	9	6	.....	.....
37.	Palm Beach	83	55	46	37	10	1
38.	Pasco	5	14	8	16	.....	.....

BUREAU OF VITAL STATISTICS—(Continued)

COUNTIES	BIRTHS 1925	BIRTHS 1924	DEATHS 1925	DEATHS 1924	NON-RESIDENT 1925	NON-RESIDENT 1924
39. Pinellas	109	71	56	30	9	4
40. Polk	118	125	53	39	4	.....
41. Putnam	19	35	20	10	3	.....
42. St. Johns	16	34	18	18	6	5
43. St. Lucie	14	26	8	7	.....	.....
44. Santa Rosa	22	26	5	18	.....	.....
60. Sarasota	10	10	9	7	.....	.....
45. Seminole	21	25	16	17	2	.....
46. Sumter	11	25	4	9	.....	.....
47. Suwannee	22	43	12	17	.....	.....
48. Taylor	11	25	6	14	.....	.....
61. Union	3	13	2	7	.....	.....
49. Volusia	32	50	21	25	2	.....
50. Wakulla	2	8	.....	1	.....	.....
51. Walton	27	33	10	3	.....	.....
52. Washington	14	21	5	8	.....	.....

(3) State Hospital inmates included.

Number of Deaths from Certain Causes for the Month of August, 1925 as compared with August, 1924

Diseases	Total	White 1925	Colored	Total	White 1924	Colored
Typhoid Fever	10	3	7	18	7	11
Malaria	29	20	9	38	17	21
Measles	.....	.....	.....	1	.....	1
Scarlet Fever	.....	.....	.....	.....	.....	.....
Whooping Cough	6	4	2	3	3	.....
Diphtheria and Croup	5	5	.....	6	6	.....
Influenza	4	3	1	5	3	2
Dysentery	3	1	2	5	2	3
Tetanus	3	1	2	8	2	6
Tuberculosis (All Forms)	67	23	44	75	31	44
Cancer	54	40	14	62	46	16
Pellagra	10	3	7	8	1	7
Diabetes	9	8	1	6	5	1
Cerebral Hemmorrhage; Apoplexy	77	50	27	67	46	21
Chronic Heart Disease	100	62	38	126	68	58
Disease of the Arteries	4	.....	4	12	6	6
Pneumonia	56	28	28	36	21	15
Diarrhoea and Enteritis (under 2 years)	33	16	17	35	17	18
Diarrhoea and Enteritis (2 years and over)	13	6	7	20	12	8
Chronic Nephritis	91	45	46	59	44	15
Total Puerperal State	32	18	14	29	10	19
Early Infancy	77	44	33	76	48	28
Senility	24	14	10	44	29	15
Suicide	10	10	.....	8	7	1
Homicides	37	7	30	40	14	26
Accidental Drowning	12	7	5	13	5	8
Railroad Accidents	5	4	1	4	2	2
Accidents by Firearms	10	4	6	3	1	2
Automobile Accidents	28	26	2	23	16	7

The Health Family

The Father of Health is—
Right Living

The Mother of Health is—
Temperance

The Oldest Son is—
Common sense

The favorite Daughter is—
Cheerfulness

Some of the Children are—
Diet, Cleanliness, Sanitation, Intelligence, Rest, Obedience, Good Food, Fresh Air, Exercise, Self-Control.

The Baby of the Family is—
Sunshine

LIBRARIAN HYGIENIC,
LABORATORY,
25TH. & EAST STREET,
WASHINGTON, D.C.

The Father of the Good Health Family is not a bit "uppish"—meet him and he will introduce you to the other members of the family.

Courtesy of Detroit Department of Health

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL BULLETIN
PUBLISHED MONTHLY BY THE

STATE BOARD OF HEALTH

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VOL. 17 DECEMBER, 1925 No. 12

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

Tuberculosis ‡ Number

B. L. ARMS, M. D., STATE HEALTH OFFICER
Jacksonville

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‡Address all correspondence care State Board of Health, Jacksonville.

ADMINISTRATION

B. L. Arms, M. D., State Health Officer

A PRESSING NEED IN FLORIDA

At this time of the year when all over the country the Christmas seals are bringing to mind the fight against tuberculosis it is the custom of many of the State Boards of Health to issue special tuberculosis numbers of their publications and it is a fitting time to do so.

This month's issue of Health Notes will be devoted too to the various aspects of tuberculosis by the bureaus, while it is my duty to call attention to some serious needs that should be met.

We frequently receive letters both from within and outside the State, asking where our sanatoria for the treatment of tuberculosis are located, and we must reply that we have none in the State.

Tuberculosis is a major problem not only in this State but in practically all of the Southern States, for it is a thoroughly demonstrated fact that the colored population furnishes a greater number of deaths per 1000 than does the white population in the same locality. This being the case those states having the largest percentage of colored residents have a relatively higher death rate from this disease than those states with a relatively small colored population.

Nor must it be forgotten that any communicable disease among one section of the population affects the entire population of that locality.

As an illustration of the above allow me to call your attention to the deaths from tuberculosis in Florida in 1924. There were in all 1054 such deaths, and of these 457 were of whites and 597 colored. While it is impossible to give the exact percentage of the colored population in 1924, we can give that figure for 1920 when the Federal census was taken, white 66%, colored 34%, and everyone knows that the tremendous increase in our population has been predominantly white. Hence, the figures given really indicate an even greater relative incidence among the colored than is shown.

In the fight against tuberculosis there are three very important modes of attack, education, sanatoria and preventoria.

Education is placed first and I believe rightly so, as unless the public is brought to realize the necessity for sanatoria and preventoria they can never be secured. The public must realize that every case of tuberculosis is a possible source of infection for other cases, the number depending on each individual case. They must also realize that not all cases of tuberculosis are sources of infection to others, but these cases are those who have had sanatoria training and thus have been taught how to live that they may not endanger others. This too is education.

The public must realize that every case of tuberculosis in a community is not only a potential danger but it is an economic liability as well. Possibly the most dangerous case has access to your laundry or to some of the food you eat at some stage between production and consumption. It is a question that affects everyone of us, and we should in every possible way see that the State has a place where

ADMINISTRATION—(Continued)

those who wish may go for cure and where those who will not so conduct themselves that others are protected can be treated.

We need sanatoria to care for both white and colored patients, where early cases can be treated and the disease arrested, where the patients can be taught how to live to protect themselves and others, where the advanced cases may be given all comfort and pleasure possible.

We need preventoria for there are many children in families that are potential cases and who if properly cared for may be protected.

It must be borne in mind that childhood is the period of life in which the great majority of tubercular infections occur and preventoria are a splendid form of insurance and we should also add a sound economic investment as well as a humanitarian policy.

As soon as possible the State Board of Health will utilize the services of one of the medical officers, Dr. Claxton, who has had special training in the diagnosis and treatment of tuberculosis, to assist in the diagnosis of early and obscure cases and the education of the public, and members of the family where cases exist, in order that the infection may not spread to others and that patients may have the advantage of the latest methods of treatment.

The Florida Public Health Association, successor of the Anti-Tuberculosis Association, a purely voluntary agency, is now engaged in an educational campaign looking toward the establishment of a sanatorium for the care of patients with tuberculosis in the State, and the object of the statewide seal sale is to further this cause, while in at least two counties—Hillsboro and Dade, the object is to establish preventoria in those counties.

It must be borne in mind that the returns from the seal sales will not build either a sanatorium or a preventorium, but they do assist in the education of the public to the necessity for work along this line, hence the use of the seals is a contribution to the fight against tuberculosis.

BUREAU OF COMMUNICABLE DISEASE

F. A. Brink, M. D., Director

TUBERCULOSIS*

Tuberculosis is a disease which differs from every other disease in its way of attacking a person and in the method which we must use to bring about a cure. This disease was formerly called "consumption" and was so called because in early times the condition was not recognized until it became so bad that the patient was wasting away or "being consumed" by it. In these cases of course nearly all the patients soon died.

Nowadays medical science has developed to such an extent that the disease may be discovered at a much earlier date and if diagnosed early enough and proper treatment followed the patient can in most instances get well.

BUREAU OF COMMUNICABLE DISEASES—(Continued)

The reason for saying that Tuberculosis is different from other diseases is this—In diseases such as diphtheria, measles, pneumonia, etc., the patient may be cured by giving him serums that will neutralize or offset the poisons in his body, or the patients body itself manufactures what are called "antibodies" or substances which neutralize the poison of the disease. In Tuberculosis, on the other hand all that the body is able to do is to build a wall or scar tissue around the spots where the disease is located and thus "wall it off" so that the poisons are not allowed to escape and effect the patient.

This means that all food that is taken into the body of a person with Tuberculosis is needed to build up this defensive wall, and keep it built up. Now, when we are working, or walking, or taking any exercise we are using up energy which comes from the nourishing food that we eat. So it follows as a matter of course that the food energy which we use up in exercise cannot be used to cure the disease.

Hence the proper thing for a person with Tuberculosis to do is to REST. Rest means all possible relaxation of body and mind. This relaxation can be carried out only in bed—not on a recliner or in an easy chair, and must be continued for months. Many of the failures to cure Tuberculosis are due to the habit of patients going to bed only when they are feeling badly or have a cold or a little fever. They go to bed for a day or two or a week, then when they begin to feel better they get up and wander around the house or garden or go down town. The disease is present in an active state all the time and they are treating only the "flare-ups". After the disease has become "quiescent" or quieted is the time when most good can be accomplished by rest.

So rest should be the key note in the treatment of this disease and should not be relaxed until long after the patient has gained weight, his temperature and pulse have returned to normal, his cough improved and his lungs have shown considerable healing by the X-ray and by repeated examinations by a physician. There are many people in Florida who through lack of knowledge of their disease and through neglect of it are slowly getting worse when, with an early diagnosis of their condition and proper advice, they might be on the road to recovery.

The symptoms of early Tuberculosis are: Chronic cough, which may improve at times; fever, especially in the afternoon and evening; loss of weight; a tired feeling. There may be indigestion.

The State Board of Health is willing at all times to cooperate with physicians in the diagnosis of patients suspected of having Tuberculosis.

*Dr. W. A. Claxton, District Health Officer in the Miami District, who has had a wide experience in the diagnosis and treatment of pulmonary tuberculosis, prepared the above article at the request of the bureau director.

BUREAU OF DIAGNOSTIC LABORATORIES

James R. Bean, M. D., D. P. H,, Director

Accuracy in diagnosis is the keynote of successful practice. The laboratories of the State Board of Health assist physicians and health authorities in the diagnosis of communicable disease.

TUBERCULOSIS

The Bureau of Diagnostic Laboratories of the State Board of Health maintains a service in Jacksonville, Tampa, Miami, Pensacola and Tallahassee. At any of these laboratories the following work in connection with the Diagnosis of Tuberculosis is performed:—

1. The examination of sputum.
2. The examination of spinal fluid.
3. The examination of other exudates or material.
4. Animal inoculations.

By far the most work requested of us is the examination of sputum. This should be collected in the clean, standard bottle furnished with our outfit. The solution that comes in the bottle should not be poured out. Leaking specimens will not be examined.

The sputum coughed up in the morning is to be preferred. If the expectoration is scanty the whole amount coughed up in twenty-four hours should be sent. Care should be taken that the contents of the stomach, food, saliva, etc., are not ejected in the act of coughing and collected instead of pulmonary sputum. Purulent, cheesy, or muco-purulent sputum most frequently contains Tubercle Bacilli; pure mucus, blood, or saliva are less apt to contain them. When hemorrhage has occurred, the purulent or cheesy portions should be selected for examination. The result will be reported as soon as a thorough examination can be made.

Physicians should remember that the number of Bacilli in the sputum bears no relation to the extent of the lesions, and that many cases with extensive involvement may at times have no Bacilli in the sputum. Suspicious cases should have repeated examinations.

It must be borne in mind that a report reading "No Tubercle Bacilli found" means only that the laboratory was unable to determine the presence of the Bacilli in that particular specimen and that it does not in any way exclude the possibility of the disease being present.

Suitable containers for specimens other than sputum will be furnished on request.

A reliable laboratory report depends primarily upon care and thought in the collection and shipment of the specimen.

BUREAU OF DIAGNOSTIC LABORATORIES—(Continued)

James R. Bean, M.D., D.P.H., Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING THE MONTH OF OCTOBER, 1925.

	Jackson-ville	Tampa	Pensa-cola	Miami	Talla-hassee	Total
Animal Parasites	1285	934	67	44	58	2388
Diphtheria	939	161	21	162	16	1299
Typhoid	178	192	25	22	85	502
Malaria	236	202	21	22	35	516
Rabies	15	6	.....	6	.....	27
Tuberculosis	130	102	10	28	5	275
Gonorrhoea	318	183	26	90	6	623
Syphilis	2040	713	.....	113	.....	2866
Water: Bact. Exam.	.....	39	.....	168	2	209
Water: Chem. Exam.	.....	.....	.....	.....	2	2
Milk: Bact. Exam.	14	10	14	202	2	242
Milk: Chem. Exam.	16	11	20	448	2	497
Miscellaneous	36	21	12	65	6	140
	5207	2574	216	1370	219	9586

Specimen containers distributed during October, 1925.....10054

BIOLOGICAL PRODUCTS DISTRIBUTED DURING THE MONTH OF OCTOBER, 1925

Diphtheria Antitoxin	10,000 units	168 Packages
	5,000 units	44 Packages
Shicks		1050 Tests
Toxin Antitoxin		906 C. C.
Tetanus Antitoxin	20,000 units	21 Packages
	10,000 units	53 Packages
	1,500 units	828 Packages
Typho Bacterin	PLAIN	350 Packages
	TRIPLE	151 Packages
Vaccine Virus		1970 Points
Antirabic Virus		38 Treatments
Antimeningococcus Serum		6 Cylinders

Carbon Tetrachloride ..... 1698 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO THE LABORATORY

CHILD WELFARE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

THE PUBLIC HEALTH NURSE IN THE PREVENTION OF TUBERCULOSIS

Because of the fact that the care of even the most hopeful case of tuberculosis covers a long period of time and that only a minority of these cases can be provided for in a sanatoria, the Public Health Nurse doing community work is the one to whom we look for the dissemination of such information as will make for the proper protection of the community. It matters not what her particular job may be, whether maternal and infant hygiene, the care of the preschool child, school or industrial work, the fact remains that her intimate contact with families gives her a picture of the health conditions in a community not easily obtained by any other person. Her opportunities therefore for preventive work are incalculable and time should always be taken by the nurse to sow the seed of a desire for positive health. A few minutes intimate talk with the mother and a little close observation on the nurse's part will bring out the tendencies in the various members of the family which should act as a guide for the health lessons she will get over to the various members of the family.

In working with children, the mere statement that so many people have died of tuberculosis in the last year has very little effect, so long as the children who are listening have passably good health. Pages of statistics and details of conditions which make for tuberculosis have very little effect on children or most grown folks because there always seems to be the attitude that others may die, but of course, they themselves are alright. Rather it would seem best to stress the mode of living that would make for positive health since health is the thing for which we strive.

If we can convince a small boy that by observing the health rules he may make the track team, we are more apt to get his cooperation in the health game than by warning him against disease and if we can make a little girl understand that the most attractive girls are the healthy ones we will go far toward inculcating habits of right living which will make for positive health. In other words we should not teach a dread of disease but a love of and desire for health. Good literature bearing on the subject can be left with parents but most of all the opportunity presented by visits to the home when the nurse can talk intimately with the mother will have more far-reaching results. Where a tuburculous patient is cared for in the home the nurse should stress, in so far as is possible, the isolation of the case with burning of all refuse food and the complete sterilization of all bed linen, clothing and dishes. Because to the average lay person, sterilization is not understood, and usually takes the form of pouring hot water over dishes, it will be well for the nurse to make a demonstration of the proper handling of a case of tuberculosis in the home, in all its details,

CHILD WELFARE AND PUBLIC HEALTH NURSING—(Cont.)

including disposal of all body discharge, refuse food and the care of the room, including bedding, clothing and dishes. Detailed instruction should also be given regarding the proper procedure for the one who cares for the case regarding disinfection of her clothing, hands, etc.

Tuberculosis takes a daily toll of the strength of the patient, therefore a maintenance diet alone is not sufficient. Here again the nurse can give invaluable service by planning a daily dietary that will best fit the needs of the patient. Her ingenuity in providing for an outdoor sleeping room and the thousand and one other things so necessary to the well-being of the tuberculous patient but seemingly so unattainable to the family of limited means. Her tactful suggestions and desire to help soon make her indispensable to the family and of the greatest value to the community. Every case of tuberculosis properly cared for in the home is an object lesson to the community, as against the trail of infection left after a case without special care. The nurse also arranges for the periodic examination of all contacts which safeguards the immediate family and through it the community. The Public Health Nurse in ever increasing numbers is filling this important role in every state in the country.

BUREAU OF ACCOUNTING

Screven Dozier, Auditor

RECEIPTS

Balance after paying August, 1925 accounts	$87,784.54
September, 1925 receipts	6,329.92
Total	$94,114.46

DISBURSEMENTS

September, 1925 disbursements	$27,668.61
Balance	$66,445.85

DISBURSEMENTS FOR SEPTEMBER, 1925, ITEMIZED

Administration	$2,463.62
Engineering	3,590.21
Laboratories	4,971.69
Vital Statistics	1,959.02
Communicable Diseases	1,400.49
Multigraph	136.25
Child Welfare	690.70
Orthopedic	924.91
Sheppard-Towner	11,531.72
	$27,668.61

BUREAU OF SANITARY ENGINEERING

Ellsworth L. Filby, C. E., Chief Engineer

DETOUR HERE

When Ye Editor sent down a dictum to his contributors that this number of Health Notes was to be a Tuberculosis number this poor mortal had to stop and wonder what to write. So we were rambling along the Highway,—No. 5, that's our Ford and myself, when suddenly out of the dusk around a curve, loomed up a big house on wheels—a typical tin can tourist. There at the wheel (hunched over) was a gaunt emaciated, sickly looking man and by his side several slender children. The thought struck home—Tincan Tourist Tuberculosis—where did you come from, where are you going and what route are you taking?

So it is with tuberculosis, where does it come from, we stop and think and decide it is primarily from man himself and indirectly from cattle. Where would the engineer in public health work come into action in the fight against this once terrifying disease. If the disease comes primarily from man then the engineer is concerned for he has to do with living conditions, waste disposal, etc. The vision of a sanatorium situated in the sand hills among the pines loomed up and the engineer noticed down in one corner a small tank located along the side of a brook. A blackish liquid was coming from the tank into the sparkling stream. Further down stream several other brooks combined and soon the darkened liquid was cleared. Cows pastured in the grassy wet bottoms, drank from the brook and cooled themselves in it. Further down stream the brooks entered a pond where jovial crowds swam and dived. Little did they know what was up stream. Then the vision was replaced by a modern sewage treatment plant situated upon the side of the hill with an underground irrigation system so that the water must percolate several hundred yards before reaching the brook. Growing corn was thriving over the disposal field and the brook was not carrying disease producing organisms down stream.

Then a small incinerator was noticed down near the pile of rubwhen in former years the flies fed on the sputum cups and their contents of sputum and sawdust. Now the cups are burned daily and this menace of transmission by flies eliminated.

In the industrial word the public health engineer is active to have dust hazards eliminated, to secure the proper ventilation and sun light to keep down possibilities of air and dust transmission.

In a round-about way the engineer is active in creating standards of milk sanitation so that transmission of bovine tuberculosis may be minimized. The trail of proper pasturization and sanitary production is being blazed by the engineer. Inspections and repeated inspections and testing are necessary to prevent droplet infection by diseased milkers and handlers.

We know where "Tincan Tourist Tuberculosis" comes from. We know his desired destination—the body of some human being and we know his routes of travel to get there. The Public Health Engineer is engaged on the defense against this T. T. T.—he is providing barri-

BUREAU OF SANITARY ENGINEERING—(Continued)

cades, ditches, bumps, obstructions, etc., along the road Mr. T. T. T. travels endeavoring to induce Mr. T. T. T. to take that very promising looking Detour that leads eventually to the single track road to Oblivion.

The Engineering Bureau is doing nothing along milk sanitation lines to detour Mr. T. T. Tuberculosis. It is doing practically nothing along proper sewage disposal except in camps and Mr. Tincan Tourist Tuberculosis has an easy route thru Florida as far as man is concerned. Natural agencies—fresh air and sunshine are fighting ably but we are not assisting them as we should. Funds and personnel are not granted, other work is considered more necessary. But perhaps we can follow the poet when he says—

One task well done
A new begun
One danger struggled thru
Faith holding fast
Despite what's past
And thus a dream comes true.

May tuberculosis follow yellow fever into the oblivion of past terrors of man.

ORTHOPEDIC DEPARTMENT

F. L. Fort, M. D., Surgeon in Charge

BONE AND JOINT TUBERCULOSIS

Tuberculosis of bones and joints is a chronic destructive disease, involving all of the tissues and caused by infection by the tubercle bacillus. In most cases, if untreated, it completely destroys the involved joint and in many cases results in death by spread of the disease to other parts of the body. It can be cured if treatment is instituted early enough; while nature's cures are always imperfect, and poor as regards function. Those that survive are usually left with a stiff and deformed limb or back, which cannot be repaired. Irreparable damage can be prevented and lives saved by early and appropriate treatment. This is a fact, which the writer hopes to convince the public, as it will help us to save many of these unfortunate children from an untimely death or being maimed for life.

Joint tuberculosis is largely a disease of childhood—over 90% of the cases occurring during the first decade of life. It is more frequent among bottle fed infants than the breast fed ones. Rural children are rarely affected as compared with those living in the crowded city slum districts. Negroes are more subject to the disease than whites. Tuberculosis is largely a disease of poverty, squalor and unhygienic surroundings. It is more prevalent in the cold climates as compared with the tropical or subtropical. However, bone and joint tuberculosis is by no means a rare condition in Florida, although many of our cases have migrated here from farther north. About 5% of all cases

ORTHOPEDIC DEPARTMENT—(Continued)

of cripples examined or treated by the writer in this State are due to tuberculosis. Many of those afflicted have died of the disease, otherwise our number would doubtless be greater.

The symptoms of joint tuberculosis are not always constant, but usually appear later if carefully observed. They are best considered as general and local. The general symptoms are the same as those for tuberculosis elsewhere in the body. These include loss of weight and appetite, anemia, general lassitude and slight afternoon temperature.

The local symptoms—early in the disease, indicate only a mild joint inflammation or irritation. These include pain on motion, with limited motion from muscle spasm, and limp when the legs are involved. Muscle spasm and atrophy are manifested almost from the outset. Swelling, local fever and tenderness are later symptoms. "Night cries" while asleep, are considered as strong evidence of joint tuberculosis. The symptoms gradually increase in severity until the patient is finally confined to bed. The joint becomes flexed, swollen and quite painful on motion, while the general symptoms are more evident.

The diagnosis is difficult in the beginning, but offers no difficulty in the later stages. A child giving a history of injury or exposure to tuberculosis, with a gradual onset of pain or limp and limited motion in a joint; together with the general symptoms of being under nourished or "below par" should be suspected at least, of having joint tuberculosis. In all cases of doubt it is safer to treat the case as if it were known to be tuberculosis until it can be proven otherwise. In children a Von Pirquet skin test is of considerable value in eliminating tuberculosis in suspected cases. After a few weeks the X-ray gives valuable information as to the nature of bone diseases. A blood Wasserman examination is indicated in all cases.

Treatment of bone and joint tuberculosis should begin as soon as it is recognized. As time passes it becomes deeper seated, and requires a longer healing time. Also cases that have persisted for months or years can never be restored to the normal, even though the disease is cured. Our aim in treatment is to get the patient well with the least amount of crippling in the shortest possible time.

The treatment is both general and local. Since we have no specific remedy for tuberculosis, we must do everything possible to build up the patient's resistance against his invading enemy. He must have plenty of wholesome nourishing food. Likewise there should be regular hours for sleep. Absolute rest in bed, especially during the acute febrile stage. The deciding factor in many battles with tubercle bacillus has been, and will be, adequate rest of both body and mind. Fresh air and sunshine are of paramount importance, just as in pulmonary tuberculosis. In fact, it is rapidly becoming realized that heliotherapy, or sunshine, is one of our strongest weapons in combating tuberculosis, and bone tuberculosis in particular. Our climate seems admirably suited for this kind of treatment if the patient only knew how to

ORTHOPEDIC DEPARTMENT—(Continued)

utilize it to the best advantage. The best hygienic surroundings for the tubercular patient is in the open air and sunshine; and in this respect Florida offers a greater opportunity than almost any other section of the country.

The local treatment of the tubercular bone or joint case is of paramount importance also. It varies with the age, location and general condition of the patient. Adults, as a rule, never get entirely free of the disease until the affected joint becomes permanently stiff. We have learned to aid nature in this respect by hastening the process by means of surgical operations. It is better to have a stiff knee joint than to amputate the leg, or be confined to bed for years, and eventually have a stiff knee anyway.

Children have greater resisting and recuperating powers than do adults. So we can get them well in time with good useful joints without any recourse to surgery. It takes one to three years to accomplish a cure in a child. But time is not such an important factor as with the adult. There is no doubt that children with bone tuberculosis can be cured and with very little or no disability, if treatment is begun early. The earlier we begin treatment, both local and general, the better will be the end results.

A tubercular joint should be completely immobilized for a varying period of time, depending upon the stage and progress of the disease. Also it should be free from weight-bearing; which aggravates the condition. In case of spinal or leg tuberculosis, this means rest in bed until the disease has become entirely inactive. Immobilization is accomplished by means of plaster casts, braces, traction on the extremities, etc.

The mechanical means used to prevent motion and weight-bearing is not so important, as it is to be sure you are accomplishing this end. Often it is possible for the child with one leg affected to get about on the good leg and crutches after a few months rest in bed.

Motion and weight-bearing are gradually resumed after one to two years of consistent treatment, and a year after all active symptoms have disappeared. In children it is seldom necessary to do any operating when properly treated. Occasionally amputation is necessary, as a life saving measure, in neglected cases, where the disease is very extensive. It is against this neglect and later mutilations or death from bone tuberculosis that we are protesting. The Orthopedic Department of the State Board of Health, considers every case of bone tuberculosis as an emergency case and tries to institute treatment immediately. For our end results are far easier and better, when we can get the disease quiescent and the patient on the road to recovery soon after onset.

It is of course, understood that only indigent patients are treated by the State Board of Health.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

Total Deaths from Tuberculosis, (all forms) by Color and by Counties, 1924

	COUNTIES	DEATHS		
		Total	White	Colored
0.	State	1054	457	597
1.	Alachua	27	7	20
2.	Baker	2	2	.....
3.	Bay	11	3	8
4.	Bradford	10	4	6
5.	Brevard	4	2	2
6.	Broward	6	5	1
7.	Calhoun	5	2	3
55.	Charlotte	1	1	.....
8.	Citrus	2	1	1
9.	Clay	7	3	4
62.	Collier	.....	.....	....
10.	Columbia	14	3	11
11.	Dade	74	36	38
12.	DeSoto	6	2	4
56.	Dixie	2	.....	2
13.	Duval	191	48	143
14.	Escambia	42	20	22
53.	Flagler	1	.....	1
15.	Franklin	4	1	3
16.	Gadsden	51	11	40
57.	Glades	.....	.....	.....
17.	Hamilton	12	.....	12
58.	Hardee	3	3	.....
63.	Hendry	.....	.....	.....
18.	Hernando	1	.....	1
59.	Highlands	3	2	1
19.	Hillsboro	142	98	44
20.	Holmes	3	.....	3
21.	Jackson	23	10	13

BUREAU OF VITAL STATISTICS—(Continued)

Total Deaths from Tuberculosis, (all forms) by Color and by Counties, 1924 (Continued)

	COUNTIES	DEATHS		
		Total	White	Colored
22.	Jefferson	7	2	5
23.	Lafayette	3	3	.....
24.	Lake	19	12	7
25.	Lee	6	3	3
26.	Leon	12	2	10
27.	Levy	11	7	4
28.	Liberty	8	5	3
29.	Madison	8	1	7
30.	Manatee	13	6	7
31.	Marion	28	6	22
32.	Monroe	26	15	11
33.	Nassau	5	.....	5
34.	Okaloosa	3	3	.....
54.	Okeechobee	2	2	.....
35.	Orange	22	12	10
36.	Osceola	10	6	4
37.	Palm Beach	13	9	4
38.	Pasco	5	2	3
39.	Pinellas	41	23	18
40.	Polk	41	29	12
41.	Putnam	23	5	18
42.	St. Johns	14	2	12
43.	St. Lucie	7	5	2
44.	Santa Rosa	4	2	2
60.	Sarasota	2	1	1
45.	Seminole	16	4	12
46.	Sumter	1	.....	1
47.	Suwannee	12	5	7
48.	Taylor	3	1	2
61.	Union	4	1	3
49.	Volusia	24	14	10
50.	Wakulla	4	1	3
51.	Walton	6	1	5
52.	Washington	4	3	1

LET EVERY ONE DO HIS PART



COOPERATION WILL WORK WONDERS

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